

Awareness and Utilization of Reproductive Health Right among Women of Childbearing Age Attending Welfare Clinic in University Of Calabar Teaching Hospital, Calabar

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ABSTRACT.

The study was carried out on awareness and utilization of reproductive health right among women of childbearing age attending welfare clinic at University of Calabar Teaching Hospital, Calabar. This study employed a descriptive design (survey) to determine the awareness and utilization of reproductive rights among the women of childbearing age. The sampling technique that was used for this study is the simple random sampling technique. SPSS version 25.0 (Statistical Package for the Social Scientists) was used as statistical analysis tool. Findings from the study shows 37.5% of the respondents' falls within the age category of 18-27 years, majority (75.0%) are married, 78.0% of them belong to low socio-economic status and more than one-third of the respondents (37.5%) are full time house wife. More than half (58.0%) of the respondents are aware of the reproductive rights and almost half utilize it to greater extent (43.0%). The following factors were found to be influencing utilization of reproductive health rights among respondents: Lack of awareness (32.5%), culture (38.0%), religious belief (44.5%), age of mother (32.5%), women's health seeking behaviour (35.5%), financial constraints (28.0%), geographical location (39.5%), level of women's education (37.5%), women's decision-making power (38.0%), accessibility to health institutions (42.0%) and health workers behaviour (36.5%). There is need for the provision of quality reproductive rights and services delivery in a user-friendly and integrated manner.

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Keywords: *awareness, utilization, reproductive health, women of childbearing age*

INTRODUCTION

Reproductive right is a fundamental human right. These rights rest on cognition of basic rights of all couples and individual to decide freely and responsively the number, spacing and timing of their children and to have the information and means to do so and their right to attain highest standard of sexual and reproductive health.¹ Reproductive health right encompasses efforts to eliminate preventable maternal and neonatal mortality and morbidity, to ensure quality sexual and reproductive health services. This includes contraceptive service and to address sexually transmitted infections (STI) violence against women and girls, and sexual and reproductive health needs of adolescents.² Universal access to reproductive health right is essential not only to achieve sustainable development but also to ensure that the needs and aspirations of women around the world leads to realisation of their health and human right.²

Women cannot make greater progress unless they can live healthy and productive lives and to make informed decision concerning marriage and reproduction free of coercion, discrimination and violence.³ Good reproductive health and women's reproductive right can ensure that every infant is precious and it helps to reduce poverty, promote economic growth, raise female productivity, lower infertility and improve child survival and maternal health. Utilizing the reproductive right can prevent deaths and improve women's status.⁴ The burden of ill reproductive health due to lack of awareness and underutilization of reproductive right among the women is globally higher and also in Nepal which make women more vulnerable to ill health and maternal death.⁵

The International Conference on Population and development (ICPD) marked a paradigm shift in the focus of Population Programmes and underscored the need to meet the reproductive health needs of individuals and couples as a key approach to improving quality of lives of people and stabilizing the world population. As one of the countries that approved the historic programed of action that emanated from the ICPD, Nigeria committed herself to the implementation of the Reproductive Health Concept and the achievement of the ICPD targets in the interest of the health and development of her citizens.⁶

The study was done to assess the level of awareness and utilization of reproductive health right among women of child bearing age attending welfare clinic at University of Calabar Teaching Hospital, Calabar

METHODOLOGY

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Research Design

This study employs descriptive design (survey) to determine the awareness and utilization of reproductive rights among the women of childbearing age. The descriptive design was used because it does not test hypothesis, it focuses more on the characteristics of the target populations.

Research Setting

The area of study for this University of Calabar Teaching Hospital, Calabar. The community is made up of about 8,000 people as at 2006 census. The people are predominantly farmers with few traders among them.

Target Population

The study centered on women of childbearing age with target population of 200, within the age of 18 years to 45 years of age.

Sample Size

The sample size was 200, using the formula of Taro Yemen i.e. $N = \frac{N}{1 + N(\sum^2)}$

$e =$ allowable error (0.05)

$$n = \frac{336}{1 + 336(0.05^2)}$$

$$n = \frac{336}{1 + 0.84}$$

$$n = \frac{336}{1.84}$$

$$n = 182$$

$n = 182$ plus 10% attrition (18) = 200.

Total number of respondents to be used for this study is 200.

Sample and Sampling Techniques

The sampling technique that was used for this study is the simple random sampling technique.

The simple random sampling technique was adopted with a view to give every member of the population an equal chance of being selected. Similarly, simple random sampling was used because it is cheaper to study a sample than the entire population. It also affords the study to be more thorough and to obtain quicker results than did a complete coverage of the population.

Method of Data Collection

Preliminary visits were made to take permission from ethical committee of the research settings to collect data using a letter of introduction taken from the Head of Department of Nursing National open University. After obtaining ethical clearance, rapport was established with the participants. A self-structured questionnaire was used to collect data from the respondents. All the selected respondents were allowed to complete the questionnaires. Two research assistants were employed

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during the data collection. All the respondents who are not literate enough to comprehend the instrument were assisted by the research assistants. With the help of the research assistants, data was collected within 1 week

Method of Data Analysis

All returned questionnaires were analyzed in a computer using the Statistical Package for Social Sciences (SPSS) version 25.0, 95% confidence interval was used and P-value of 0.05 was considered statistically significant. Data were stored in a spreadsheet-like table, like that of Microsoft Excel. SPSS also generates routine descriptive statistical data for question responses. Model specification involves illustrating the mathematical relationship that exists between variables. They were gathered in Likert scale format and analyzed to respond to the research questions.

Ethical Consideration

Ethical approval for this study was gotten from the research setting and was taken to the research settings to administer the questionnaires among the respondents. Verbal and written consent was taken from the respondents before administering the questionnaires after explaining to them the contents of the questionnaire and the instructions guiding each section. Confidentiality and respect for human dignity was considered during and after collection of data to ensure that the information gotten from the respondents are kept confidential.

Result

Table 1: Socio Demographic/Economic Characteristics of Respondents

Variables	Frequency	Percent
Age		
No response	1	0.5
18-27 years	36	17.4
28-37 years	63	30.4
38-47 years	28	13.5
48 and above	79	38.2
Total	207	100.0
Marital status		
Single	44	21.3
Married	135	65.2
Widowed	11	5.3
Divorced/separated	17	8.2
Total	207	100.0
Educational qualification		
No response	4	1.9
No formal education	27	13.0
FSLC	13	6.3

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SSCE	41	19.8
HND/BSC	86	41.5
MSC	36	17.4
Total	207	100.0
Educational Qualification of husband if married		
No response	51	24.6
No formal education	23	11.1
FSLC	4	1.9
SSCE	16	7.7
HND/BSC	82	39.6
MSC	31	15.0
Total	207	100.0
Level of income		
No response	10	4.8
Less than ₦20,000 monthly	35	16.9
₦21,000- ₦30,000 monthly	32	15.5
₦31,000- ₦40,000 monthly	31	15.0
₦50 and above monthly	99	47.8
Total	207	100.0
Occupation		
Civil servant	53	25.6
Farmer	13	6.3
Trader	59	28.5
Housewife	58	28.0
Others/specify	24	11.6
Total	207	100.0
Husband's occupation if married		
Not Married	68	32.9
Civil servant	66	31.9
Farmer	27	13.0
Trader	13	6.3
Housekeeper	6	2.9
Others/specify	27	13.0
Total	207	100.0

Presented in table 1 are the sociodemographic/economic characteristics of respondents. From the result obtained, most of the respondents fall within the age group of 28-27 years (63, 30.4%) and 38-47 years old (79, 38.2%). Regarding marital status, about one-quarter of the respondents were singles (21.3%), while 65.2% were married, and the rest were either widowed or

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divorced/separated. In terms of educational status, some had HND/BSc 41.5% (86), while 13.0% (27) had no formal education while 6.3% (13) had FSLC as the highest education level attained, and 17.4% (36) were SSCE holders respectively. Occupation wise about one-quarter of the respondents each were either civil servants (25.6%), traders (28.5%), or housewives (28.0%), while the husbands of married respondents were mostly; civil servants (31.9%) and farmers (13.0%).

Table 2: Level of Awareness of Reproductive Rights among the Respondents

Variables	Frequency	Percent
Right to life		
No response	13	6.3
Aware	121	58.5
Not aware	73	35.3
Total	207	100.0
Right to liberty and security of the person		
No response	13	6.3
Aware	89	43.0
Not aware	105	50.7
Total	207	100.0
Right to equality and to be free from all forms of discrimination		
No response	13	6.3
Aware	89	43.0
Not aware	105	50.7
Total	207	100.0
Right to freedom from torture and ill-treatment		
No response	12	5.8
Aware	87	42.0
Not aware	108	52.2
Total	207	100.0
Right to privacy and confidentiality		
No response	12	5.8
Aware	108	52.2
Not aware	87	42.0
Total	207	100.0
Right to choose whether to marry and to form a family		
No response	11	5.3
Aware	108	52.2
Not aware	88	42.5

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Total	207	100.0
Right to freedom of thought		
No response	12	5.8
Aware	109	52.7
Not aware	86	41.5
Total	207	100.0
Right to information and education		
No response	13	6.3
Aware	115	55.6
Not aware	79	38.2
Total	207	100.0
Right to decide whether or when to have children		
No response	12	5.8
Aware	99	47.8
Not aware	96	46.4
Total	207	100.0
Right to the benefit of scientific progress		
No response	11	5.3
Aware	66	31.9
Not aware	130	62.8
Total	207	100.0
Right to sexual health care and health protection		
No response	12	5.8
Aware	81	39.1
Not aware	114	55.1
Total	207	100.0
Right to freedom of assembly and political participation		
No response	12	5.8
Aware	84	40.6
Not aware	111	53.6
Total	207	100.0
Awareness score		
Highly aware	55	26.6
Moderately aware	49	23.7
Unaware	103	49.8
Total	207	100.0

As shown by the result obtained and presented in table 2 above, at least half of the respondents had awareness about basic reproductive rights such as; right of life (58.5%); right to liberty and

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security of the person (43.0%), right to equality and to be free from all forms of discrimination (43.0%), right to freedom from torture and ill-treatment (42.0%), right to privacy and confidentiality (52.2%), right to choose whether to marry and to form a family (52.2%), right to freedom of thought (52.7%), right to information and education (55.6%), right to decide whether or when to have children (47.8%) and right to freedom of assembly and political participation (40.0%).

However, about half or more of the respondents also lack the awareness of their right to; liberty and security of the person (50.7%), equality and to be free from all forms of discrimination (50.7%), freedom from torture and ill-treatment (52.2%), the benefit of scientific progress (62.8%), sexual health care and health protection (55.1%), freedom of assembly and political participation (53.6%).

Generally, about half {103(49.8%)} of the respondents had poor awareness scores as they were adjudged to have no awareness level of reproductive rights, while respondents with high awareness and moderate awareness level of reproductive rights were about 27% and 24% of the respondents respectively.

Table 3: Reproductive Rights Utilization among the Respondents

Variables	Frequency	Percent
Right to life		
No response	3	1.4
Utilized	130	62.8
Not utilized	25	12.1
Don' t know	49	23.7
Total	207	100.0
Right to liberty and security of the person		
No response	5	2.4
Utilized	84	40.6
Not utilized	56	27.1
Don' t know	62	30.0
Total	207	100.0
Right to equality and to be free from all forms of discrimination		
No response	2	1.0
Utilized	82	39.6
Not utilized	65	31.4
Don' t know	58	28.0
Total	207	100.0
Right to freedom from torture and ill-treatment		
No response	2	1.0

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Utilized	76	36.7
Not utilized	69	33.3
Don' t know	60	29.0
Total	207	100.0
Right to privacy and confidentiality		
No response	5	2.4
Utilized	101	48.8
Not utilized	46	22.2
Don' t know	55	26.6
Total	207	100.0
Right to choose whether to marry and to form a family		
No response	2	1.0
Utilized	109	52.7
Not utilized	44	21.3
Don' t know	52	25.1
Total	207	100.0
Right to freedom of thought		
No response	4	1.9
Utilized	116	56.0
Not utilized	35	16.9
Don' t know	52	25.1
Total	207	100.0
Right to information and education		
No response	5	2.4
Utilized	118	57.0
Not utilized	29	14.0
Don' t know	55	26.6
Total	207	100.0
Right to decide whether or when to have children		
No response	5	2.4
Utilized	102	49.3
Not utilized	43	20.8
Don' t know	57	27.5
Total	207	100.0
Right to decide whether or when to have children		
No response	5	2.4
Utilized	100	48.3
Not utilized	37	17.9
Don' t know	65	31.4

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Total	207	100.0
Right to the benefit of scientific progress		
No response	3	1.4
Utilized	63	30.4
Not utilized	57	27.5
Don' t know	84	40.6
Total	207	100.0
Right to sexual health care and health protection		
No response	2	1.0
Utilized	81	39.1
Not utilized	40	19.3
Don' t know	84	40.6
Total	207	100.0
Right to freedom of assembly and political participation		
No response	2	1.0
Utilized	70	33.8
Not utilized	46	22.2
Don' t know	89	43.0
Total	207	100.0
Utilization score		
Highly utilized	55	26.6
Moderately utilized	58	28.0
Low utilization	94	45.4
Total	207	100.0

The reproductive rights utilization level among the respondents is presented in table 3. Findings from the result revealed that more than half of the respondents had utilized reproductive rights with specific regards to; right to life (62.8%), the right to choose whether to marry and to form a family (52.7%), right to freedom of thought (56.0%) and right to information and education (57.0%). Meanwhile, more than an average but less than half of the respondents indicate utilization of their right to; liberty and security of person (40.6), right to privacy and confidentiality (48.8%) and right to decide whether or when to have children (48.3%).

However, less than average of the respondents indicates utilization of their reproductive rights such as the right to; equality and to be free from all forms of discrimination (39.6%), right to freedom from torture and ill-treatment (36.7%), right to the benefit of scientific progress (30.4%), right to sexual health care and health protection (39.1%) and right to freedom of assembly and political participation (33.8%).

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Generally, about one-quarter of the respondents did not know their utilization of all the reproductive rights identified. Reproductive right utilization scores show that 45.4% (94) of the respondents had low utilization score while 26.6% (55) and 28.0% (58) of the respondents had high utilization and moderate utilization scores for reproductive rights utilization.

Table 4: Factors Influencing Reproductive Rights Utilization among Women

Variables	Frequency	Percent
Lack of awareness		
Not a factor	43	20.8
Factor	164	79.2
Total	207	100
Geographical location		
Not a factor	112	54.1
Factor	95	45.9
Total	207	100
Culture		
Not a factor	126	60.9
Factor	81	39.1
Total	207	100
Religious belief		
Not a factor	93	44.9
Factor	114	55.1
Total	207	100
Level of women's education		
Not a factor	91	44.0
Factor	116	56.0
Total	207	100
Age of the mother		
Not a factor	131	63.3
Factor	76	36.7
Total	207	100
Women's health seeking behaviour		
Not a factor	125	60.4
Factor	82	39.6
Total	207	100
Women's decision-making power		
Not a factor	121	58.5
Factor	86	41.5

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Total	207	100
Accessibility to health institutions		
Not a factor	136	65.7
Factor	71	34.3
Total	207	100
Financial constraints		
Not a factor	87	42.0
Factor	120	58.0
Total	207	100
Health workers behaviour		
Not a factor	107	51.7
Factor	100	48.3
Total	207	100

Factors influencing reproductive rights utilization among women as identified by the respondents are outlined in Table 4.

According to the majority of the respondents (79.2%), lack of awareness was the major factor influencing reproductive rights utilization among women, while other factors that influence reproductive rights utilization among women as identified by at least an average of the respondents include; geographical location (45.9%), religious belief (55.1%), educational level (56.0%), women decision-making power (41.5%), financial constraint (58.2%) and health workers behaviours (48.3%).

Table 5: Relationship between Socioeconomic Characteristics and Reproductive Rights Utilization among the Respondents

Socio Economic Characteristics	Reproductive Rights Utilization			P-value	r
	Highly Utilized N(%)	Moderately Utilized N(%)	Low Utilization N(%)		
Age					
No response	0(0.0)	0(0.0)	1(0.5)	0.672	-0.030
18-27 years	7(3.4)	16(7.7)	13(6.3)		
28-37 years	12(5.8)	21(10.1)	30(14.5)		
38-47 years	10(4.8)	10(4.8)	8(3.9)		
48 and above	26(12.6)	11(5.3)	42(20.3)		
Education					
No formal education	1(0.5)	0(0.0)	3(1.4)	0.030	-0.151

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FSLC	3(1.4)	3(1.4)	21(10.1)		
SSCE	4(1.9)	3(1.4)	6(2.9)		
HND/BSC	8(3.9)	20(9.7)	13(6.3)		
MSC	32(15.5)	23(11.1)	31(15.0)		
Educational Qualification of husband if married					
No response				0.000	-0.252
No formal education	7(3.4)	16(7.7)	28(13.5)		
FSLC	3(1.4)	2(1.0)	18(8.7)		
SSCE	1(0.5)	1(0.5)	2(1.0)		
HND/BSC	4(1.9)	2(1.0)	10(4.8)		
MSC	7(3.4)	12(5.8)	12(5.8)		
Level of income					
No response	0(0.0)	0(0.0)	1(0.5)	0.026	-0.155
Less than ₦20,000 monthly	7(3.4)	12(5.8)	16(7.7)		
₦21,000-₦30,000 monthly	11(5.3)	6(2.9)	15(7.2)		
₦31,000-₦40,000 monthly	6(2.9)	14(6.8)	11(5.3)		
₦50 and above monthly	31(15.0)	26(12.6)	42(20.3)		
Occupation					
Civil servant	16(7.7)	22(10.6)	15(7.2)	0.089	0.119
Farmer	5(2.4)	3(1.4)	5(2.4)		
Trader	13(6.3)	13(6.3)	33(15.9)		
Housewife	17(8.2)	7(3.4)	34(16.4)		
Others/specify	4(1.9)	13(6.3)	7(3.4)		

Table 5 highlights the relationship between socioeconomic variables such as age, income and educational level and reproductive right health utilization of the respondents.

Inferences derived shows that socioeconomic characteristics such as educational attainment of respondents ($p=0.030<0.05$), married respondent's husband educational qualification ($p=0.00<0.05$), and respondent's income level ($p=0.026, <0.05$), was negatively significantly associated with reproductive right health utilization of the respondents of which it appears that while there exist no significant relationship between age, occupation of the respondents and reproductive right health utilization of the respondents.

Table 6: Relationship between Reproductive Rights Awareness and Utilization

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Reproductive Rights Awareness	Reproductive Rights Utilization			P-Value	R
	Highly Utilized N(%)	Moderately Utilized N(%)	Low Utilization N(%)		
Highly aware	33(15.9)	15(7.2)	7(3.4)	0.000	0.575
Moderately aware	10(4.8)	30(14.5)	9(4.3)		
Unaware	12(5.8)	13(6.3)	78(37.7)		

Table 6 shows the relationship between reproductive rights awareness and utilization. Reproductive rights awareness level of respondents was significantly associated ($p = 0.000$) to reproductive right utilization. High awareness levels culminated in high utilization, while most respondents levels with moderate awareness also had moderate utilization.

Table 7: Effect of Various Factors Affecting Reproductive Rights Utilization

Factors Affecting Reproductive Rights Utilization	Reproductive Rights Utilization			X ²
	Highly Utilized N(%)	Moderately Utilized N(%)	Low Utilization N(%)	
Lack of awareness				0.026
Not a factor	10(4.8)	19(9.2)	14(6.8)	
Factor	45(21.7)	39(18.8)	80(38.6)	
Geographical location				0.037
Not a factor	24(11.6)	39(18.8)	49(23.7)	
Factor	31(15.0)	19(9.2)	45(21.7)	
Culture				0.48
Not a factor	33(15.9)	39(18.8)	54(26.1)	
Factor	22(10.6)	19(9.2)	40(19.3)	
Religious belief				0.088
Not a factor	19(9.2)	32(15.5)	42(20.3)	
Factor	36(17.4)	26(12.6)	52(25.1)	
Level of women's education				0.000
Not a factor	20(9.7)	39(18.8)	32(15.5)	
Factor	35(16.9)	19(9.2)	62(30.0)	
Age of the mother				0.235
Not a factor	33(15.9)	42(20.3)	56(27.1)	
Factor	22(10.6)	16(7.7)	38(18.4)	
Women's health seeking behaviour				0.014

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Not a factor	26(12.6)	43(20.8)	56(27.1)	
Factor	29(14.0)	15(7.2)	38(18.4)	
Women's decision-making power				0.002
Not a factor	24(11.6)	44(21.3)	53(25.6)	
Factor	31(15.0)	14(6.8)	41(19.8)	
Accessibility to health institutions				0.005
Not a factor	33(15.9)	48(23.2)	55(26.6)	
Factor	22(10.6)	10(4.8)	39(18.8)	
Financial constraints				0.346
Not a factor	21(10.1)	29(14.0)	37(17.9)	
Factor	34(16.4)	29(14.0)	57(27.5)	
Health workers behaviour				0.001
Not a factor	20(9.7)	41(19.8)	46(22.2)	
Factor	35(16.9)	17(8.2)	48(23.2)	

As outlined in table 7, factors that significantly affected reproductive rights utilization of the respondents were; lack of awareness (0.026), geographical location (0.037), level of women's education (0.000), women's health-seeking behaviour (0.014), women's decision-making power (0.002), accessibility to health institutions (0.005), and health workers behaviour (0.001). Other factors such as culture, religious belief, respondent's age, financial constraint had no significant effect on reproductive rights utilization among the respondents.

Discussion

Good reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people can have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.⁷ Reproductive rights (RRs) are fundamental to women's reproductive health (ICPD, 1994; Centre for Reproductive Rights (CRR), 2008), because these rights are inalienable and inseparable from other basic rights.⁸ This study assessed and evaluated the awareness and utilization of reproductive health right among women of childbearing age attending welfare clinic at University of Calabar teaching Hospital

Past research and reports has shown that knowing reproductive rights helps to enhance equity and gender equality, share the burden of preventing diseases and health complications, promote satisfying sexual lives for men and women, inform men and women about male and female anatomy, contraception, STIs and HIV/ AIDS prevention and women's health care needs during pregnancy and childbirth and hence improve the reproductive health.⁹⁻¹² Assessment of awareness level of reproductive rights among women of childbearing age in this study shows that at least an average but less than two-thirds of the women had awareness about basic reproductive rights such; as right of life; right to liberty and security of the person, right to equality and to be free from all

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forms of discrimination, right to freedom from torture and ill-treatment, right to privacy and confidentiality, right to choose whether to marry and to form a family right to freedom of thought, right to information and education, right to decide whether or when to have children and right to freedom of assembly and political participation. To maintain reproductive health, people

need access to accurate information and the safe, effective, affordable, and acceptable contraception method of their choice.¹³ They must be informed and empowered to protect themselves from sexually transmitted infections. When they decide to have children, women must have access to services that can help them have a fit pregnancy, safe delivery and healthy baby. Every individual has the right to make their own choices about their sexual and reproductive health.⁷

However, more than half lacked the awareness on their right to; liberty and security of the person, equality and to be free from all forms of discrimination, freedom from torture and ill-treatment, the benefit of scientific progress, sexual health care and health protection, freedom of assembly and political participation. Reproductive health has developmental and intergenerational components.¹³⁻¹⁴ Reproductive Rights are legal rights and freedoms relating to reproduction and reproductive health.¹⁰ Good reproductive health and women's reproductive rights ensure that every infant is precious. It helps to reduce poverty, promote economic growth, raise female productivity, lower fertility and improve child survival and maternal health. Utilizing reproductive rights can prevent maternal deaths and improve women's status. Generally, about half (49.8%) of the respondents had poor reproductive right awareness scores for as they were adjudged to have no awareness level of reproductive rights, while about one-quarter of the women each had high awareness and moderate awareness level of reproductive rights, respectively

Regarding utilization level of reproductive right, more than half of the respondents had good utilization of their reproductive right with specific regards to; right to life (62.8%), right to choose whether to marry and to form a family, right to freedom of thought and right to information and education. Meanwhile, relatively more than an average but less than half of the respondents indicate utilization of their right to; liberty and security of person, right to privacy and confidentiality, and right to decide whether or when to have children. However, less than average but about one-third of the women indicates utilization of their reproductive right such as

right to; equality and to be free from all forms of discrimination, right to freedom from torture and ill-treatment, right to the benefit of scientific progress, right to sexual health care and health protection and right to freedom of assembly and political participation. Generally, about one-quarter of the respondents did not know their utilization of all the reproductive rights identified. Reproductive right utilization scores show that nearly half (45.4%, 94) of the respondents had low utilization score, while about one-quarter of the respondents each had high utilization and moderate utilization scores for reproductive rights utilization.

Further findings regarding factors that influence the reproductive rights of women showed that lack of awareness by majority (79.2%) of the respondents was the major factor influencing reproductive rights utilization among women. Other factors that influence reproductive rights utilization among women identified by at least an average of the respondents include; geographical

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location, religious belief, educational level, women decision-making power, financial constraint, and health workers behaviours. It is becoming increasingly important to equip women with knowledge, skills, attitudes, and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.¹⁵

Analysis of the relationship between socioeconomic variables such as age, income and educational level and reproductive right health utilization of the of the women in this study shows that socio-economic characteristics such as educational attainment of the women, married respondent's husband educational qualification and respondent's income level, was negatively and significantly associated ($p < 0.05$) with their level of reproductive right health utilization of which it appears that while there exist no significant relationship between age, occupation and reproductive right health utilization of the women. The respondents reproductive rights awareness level was significantly related to reproductive right utilization of the respondents. High awareness levels culminated in high utilization, while most respondents levels with moderate awareness also had moderate utilization. Kaphle reported that literacy rate, little focus on education methods on women's rights, and patriarchal society influences awareness and utilization of their reproductive rights.¹⁰

Conclusion

This study assessed and evaluated the awareness and utilization of reproductive health right among women of childbearing age. It was discovered that awareness and utilization of reproductive rights, are crucial to maternal and child health, although awareness and utilization of reproductive rights in the study population was below average as there is an awareness and knowledge deficit of reproductive rights among the study population. Reproductive right utilization scores show that many women had low utilization score, while about one-quarter of the women each had high utilization and moderate utilization scores for reproductive rights utilization. Major factors that significantly affect reproductive rights utilization of the women as revealed by the study were; lack of awareness, geographical location, level of women's education, women's health-seeking behaviour, women's decision-making power, accessibility to health institutions, and health workers behaviour.

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