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(RESEARCH ARTICLE)

Effects of socio-economic factors on reproductive health among women in south-East Nigeria

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Abstract

Reproductive activity is an activity that involves both male and female and this activity is encouraged by certain factors like social, economic and political. These factors should be favourable for reproductive activity to occur. Reproduction is a seamless process that occur when two opposite partner agree, and desire to have children. The aim of the study is to investigate Effects of Socio-Economic Factors on Reproductive Activity Among Women in South-East, Nigeria. This was a cross-sectional study involving 480 women who were within the age of 18 to 47 years. A well-structured questionnaire was administered to participants. Each participant had one questionnaire to fill appropriately and independently after instructions were given to them by the Research Assistants. The study lasted for a period of 4 months. The results of the study revealed that, the educational qualification of respondents also indicated that 80(16.67%) has primary education, 100(20.83%) secondary education while 300(62.50%) had tertiary education. The marital statuses of the respondents also showed that 300(62.50%) were married, 100(20.83) single, while 80(16.67%) were divorced. 300(72.92%) of the respondents have health centre in their community whereas 350(62.50) said the health centres are not functioning. Also, 300(62.50%) of the participants have not visited the health centre. 380(79.17) of the respondents said no access road to the health centre. The study revealed that 60(12.50%) of participants had money to access hospital while 420(87.50%) did not and 460(95.83%) do not have the desire to get pregnant.

Keywords: Effects; Socio-Economic; Factors; Reproductive; Health

1. Introduction

Reproductive activity is an important biological process that always take place between married and unmarried couples across the globe (Gbaranor et al., 2020). Pregnancy is an important process that every married women desire to pass

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through in their matrimonial homes and it is a planned and desire one. Getting pregnant as a single and as a student will virtually hinder academic's progression. Desired conception is when both couple agree to bear children, based on favourable conditions (Gbaranor et al, 2020). However, unwanted pregnancy is an untimely, unplanned and undesired pregnancy that could occur in a single lady, married couple, divorced and co-habitual partners. Desired conception is an important process among families in Africa, particularly when married. Many women have desired to conceive at their matrimonial homes but find it difficult to actualize their plans (Gbaranor et al, 2020).

Availability of physical cash is a vehicle for reproductive activity because its availability and accessibility determines reproductive activity in terms of conception among married couples (Gbaranor et al., 2023). Stable economic is a panacea for reproductive activity to take place. Reproductive process or activity is a process that a person must consent to, or take personal decision to participate. And for a person to involve or participate in reproductive activity, certain conditions are taken into consideration and such conditions include planning, timely and favourable conditions (Gbaranor et al., 2023). For a married couple to agree to have children, they must decide, plan and ensure that the atmosphere is favourable for them to start the process. It is important that every reproductive active is enhance by stable economy with availability of physical cash. Cashless Policy at the peak of its introduction in Nigeria, brought in a lot of hardship and preventing the normal flow of business and reproductive activity across the country (Gbaranor et al., 2023).

2. Materials and Method

This was a descriptive cross-sectional study involving 480 women who are within the age of 18 to 47 years. The women were recruited from the six states that make up South-East Geopolitical zones. A well-structured questionnaire was administered to participants. Each participant was given a questionnaire by the research assistant to fill appropriately and independently after a well informed consent was granted. The study lasted for a period of 4 months (December, 2023 to March, 2024). Statistical analysis of data was done using SPSS Version 25 and P value < 0.05 was considered significant for data.

3. Results

The results of demographic characteristics of parents shows that for age, 40(8.33%) were within the ages of 18-22 years, 30(6.25%) 23-27 years, 100(20.83%) 28-32 years, 200(41.67%) 33-37 tears, 70(14.58%) 38-42 years while 40(8.33%) were within 43-47 years (Figure 1). Educational qualification of respondents also indicated that 80(16.67%) had primary education, 100(20.83%) secondary education while 300(62.50%) had tertiary education (Figure 2). The marital status of the respondents also revealed that 300(62.50%) were married, 100(20.83) single, while 80(16.67%) were divorced (Figure 3). Occupational profile of respondents shows that 30(6.25%) were farmers, 50(10.42%) business class, 300(62.50%) civil servants while 100(20.83%) were students (Figure 4). The results indicated that 180(37.50%) of the respondents have health centre in their community while 300(62.50%) do not (Table 5). 300(62.50) of the respondents had functional health centre in their community and 180(37.50%) do not have functional health centre (Figure 5). The study revealed that 420(87.50%) of the respondents do not have money to access hospital/health centre (Figure 6). 460(95.83%) of the participants do not have the desire to be pregnant (Figure 7).

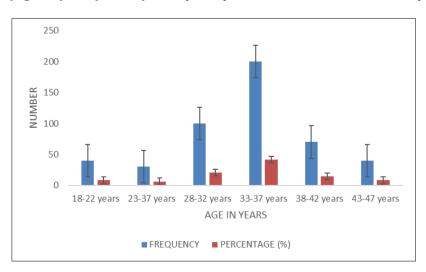
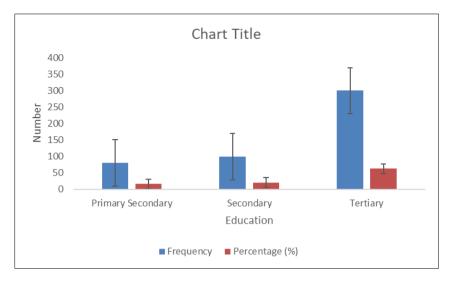


Figure 1 Age Distribution of Participants



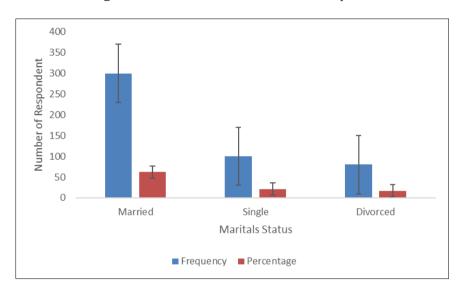


Figure 2 Educational Distribution of Participants

Figure 3 Marital Distribution of Participants

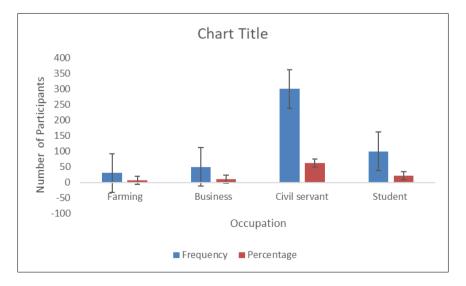


Figure 4 Occupational Distribution of Participants

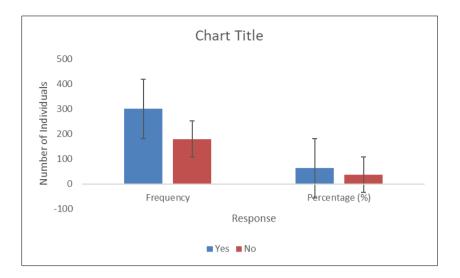


Figure 5 Functional Health Centre

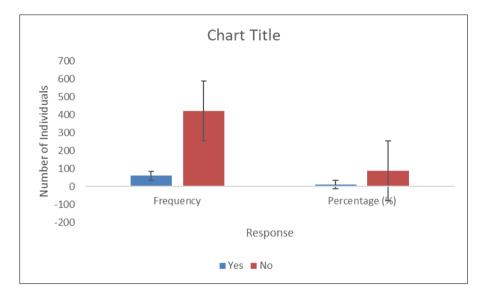


Figure 6 Access to Health Centre

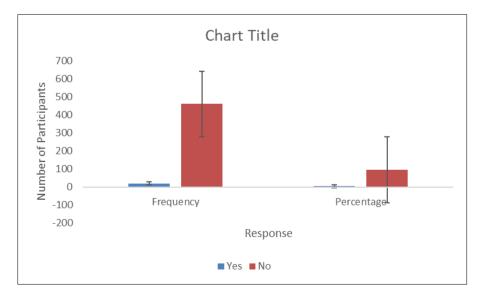


Figure 7 Desire to get pregnant

4. Discussion

Reproductive process is an activity that is always carried out by persons who have attained the age of puberty either to get pregnant or for sexual pleasure. Family planning or putting on protective devise is an important step to checkmate reproductive activity and Socio-economy factor is a key to carry out this step. Socio-economy factors are always driving forces for reproductive activity and remain the instrument of desire to get pregnant. Socio-economy factors cannot be underrating when planning to have children or get pregnant because it is a decisive factor in the planning. The results of the study conducted revealed that majority (41.67%) of the respondents were between the age 33-37 years and this shows that respondents were mature enough to carry out reproductive activity either to get pregnant or for sexual pleasure. The study also revealed the educational qualification of the respondents and 80(16.67%) had primary education, 100(20.83%) had secondary education while 300(62.50%) had tertiary education respectively. This educational attainment shows that most of the participants were educated and can take decision on their own without interference when considering reproductive activity with regards to socio-economic factor. Majority of the participants are (62.50%) civil servants and this indicates that most of the participating women depend on monthly salary. This means that in a country where the standard of living is high, reproductive activity can not go on smoothly due to fear of money to care, in case pregnancy occur and thus, it affects reproductive activity. This study agreed with previous study that revealed that the level of income had a strong effect on the reproductive health of female and women with high income levels had better reproductive health (Khazaeian et al. 2018). On the social factor, most of the participants do not have health centre in their community and this absence of health facility is a contributing factor and this affect reproductive activity. Health centre play a vital role in reproductive health and when this not available, its affects reproductive activity. The study also revealed that most of the participant's community has no access road and this could be the reason why health centres are not established and this affect reproductive activity.

On the basis of economic factors, the study revealed that majority (87.50%) of the participants do not have money to access the hospital. Despite that most of the participants have something doing to earn a living, they have no money to access hospital due to hardship orchestrated by inadequate and unavailability of circulatory money and thus high cost of living. Money is an important economic factor that if available enhances reproductive activity and thus reproductive health. Unavailability of money has warranted majority (95.83%) of the participants not to get the desire to be pregnant. This indicated that economic factor has the potential to control reproductive activity and thus population growth. However, the participants gave reason(s) while they do not have the desire to be pregnant and these reasons include: lack of money (41.67%), no health centre (20.83%), and (37.34%) said there was no functional health centre. Again, majority (87.50%) of the participants do not have money to carry out family planning is an essential process to check mate reproductive activity or population growth. This inability to carry out family planning is the basis why majority of the few participants get pregnant during sexual intercourse. The study shows that most of the participant's counterparts do not put on protective device during sex due lack of money to purchase the device and this affect reproductive activity.

5. Conclusion

Socio-economic factors are determinant for reproductive activity as these factors decide whether a woman will have the desire to be pregnant or engage in reproductive act. The study revealed that majority of the participants do not have health centres in their communities, lack access road to their communities and do not have money despite that most of the participants are either civil servants or doing business.

Compliance with ethical standards

Acknowledgments

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Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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