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# Women's Satisfaction with the Use of Sex and Reproductive Information in the North-Western States of Nigeria

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***Abstract***
*This paper aims at finding the Women's Satisfaction with the Use of Sex and Reproductive Information in the North-Western States of Nigeria. Quantitative research methodology using across sectional survey design was used. Structured questionnaire was used for data collection from a sample of 384 women in the seven states of North-Western Nigeria, out of which 314 (81.8%) were returned and found us able for the analysis.*
*Data were analyzed using descriptive statistics through the use of frequencies and percentages for decision making. Findings from the study, among others, established that percentage of the women were satisfied with the use of Information on sexual dysfunction that prevents individuals or couple from enjoying sexual intercourse. Also, higher percentage were not satisfied with the use of Information on female sexual dysfunction (FSD) that many people are hesitant or embarrassed to discuss; not satisfied with the use of Information on chronic medical condition that cause sexual dysfunction; and not satisfied with the use of Information on improved eating habits, regular exercise, abstaining from smoking, avoiding stress etc., that improve the frequency and timing of intercourse. This findings advocates the need for improvement for the local women to utilized all types of sex and reproductive information.*
***Keywords:*** *Satisfaction, Women, Sex and Reproductive Information, North-Western States, Nigeria.*

## 1.1 Introduction

Access to sex and reproductive information refers to the process of acquiring information that helps people in forming attitude and belief bout sex, sexual identity, relationship and intimacy. This type of knowledge helps in the development of women skills to enable them make informed choices and their behavior and feel confident about acting on these choices.

Access to safe and effective sex and reproductive information empowers women to have more control over when to have children and lessens the incidence of unsafe abortions. Also, contraception can help reduce the transmission of STIs, including HIV. World Health Organization (2015) reported that 529,000 women die due to pregnancy and child-birth related complications. Heath and Development Information Team (Undated) stressed that ensuring universal access to Sexual and Reproductive information services is essential for achieving many of the Millennium Development Goals (MDGs),

especially those on maternal health, child survival, HIV and AIDS, and gender equality.

In response to the above, literature and preliminary observations have justified why it is necessary to study more about women satisfaction with the use of reproductive and sex information among women with reference to North-Western states of Nigeria so as to serve as a response to the traditional practices of hiding extremely relevant subject for many decades due to shy nature of elders. It is better for women in Nigeria to be well-informed about sex in order to safeguard themselves from unwanted pregnancy, abortion, sexual harassment, Sexually-Transmitted Diseases, premature or untimely death and many more.

Therefore, it became necessary for librarians as information providers to investigate the extent to which the women in North-Western States of Nigeria are satisfied with the use reproductive and sex information to serve as a framework of optimizing information resources and services provision that will assist women in the region to make good use of such information to equip themselves against mistakes which a large percentage of our women made in the past.

**1.2. Research Questions:**

1. To what level are the women in North Western States of Nigeria satisfied with the utilization of Sex and Reproductive information?

2. What problems are associated with the use of sex and reproductive information among women in North Western States of Nigeria?

**2.1 Review of Related Literature**

Scholars like Ovat (2007) emphasized that most women get themselves messed up because of lack of proper sex information they ought to have received from their parents, teachers, information professionals and elders. They perhaps fall victims to their peer groups who have little or no information to give their inquisitive friends about this matter.

Olivia and Diatou, (2022) remarked that beyond preventing negative consequences, access to sexual and reproductive information is a fundamental right for all humans that should be protected. However, from the time immemorial, women in all parts of the world have the object of societal discrimination (Chinedum, 2020). Ahmad and Najeemah (2013) viewed that an informed women are denied the opportunity to develop their full potentials and to play a productive and equal role in their families, societies, countries and the world at large.

In the developed world, The International Planned Parenthood Federation (IPPF) used mobile health units, sometimes in the form of canoes and planes, to reach isolated populations across countries in Latin America and the Caribbean, and provide them with education, supplies and services (Health and Development Team, undated).

According to Chepkoech, Khayesi and Ogola (2019) globally, there are existing barriers in accessing reproductive health information. They include poor access, availability and acceptability of the services, lack of clear directions and services, lack of privacy, appointment times that do not accommodate teenage girls' little or no accommodation for walk-in patients among others. Yakubu(2016) reported that the worldwide prevalence of sexual dysfunction is put at 20-30% in men and 40-45% in women worldwide and the worldwide prevalence of reproductive dysfunction ranges from 5-50% in women. UNICEF (2020) reported that Nigeria has the 11th highest prevalence of child marriage in the world, and the 3rd absolute number of women married or engaged in a union before the age of 18 in the world, and 43% of girls in Nigeria before the age of 18 and 16% are married before the age of 15.

Chepkoech, Khayesi and Ogola (2019)

  

reported that evidence from Bangladesh, Senegal and Tanzania suggests that in areas where women felt that they were receiving a high standard of care, they were more likely to use contraceptives than in areas with lower quality health facilities. Nevertheless, socio-cultural factors affect the satisfaction of women on access to and use of sex and reproductive information. Some of these as highlighted by Health and Development Information Team (undated) include;

- Social taboos Issues around sex in many cultures, perceived stigma and embarrassment can lead to a reluctance to discuss and address sexual health issues.
- Taboos are even more pronounced for people who do not conform to socially accepted norms of behaviour such as adolescents who have sex before marriage and men who have sex with men.
- Unmarried adolescent girls are routinely denied or have limited access to Sexual and Reproductive Health services even though they are vulnerable to violence and sexual abuse, and the consequences of early sexual experiences including unwanted pregnancy, STIs and unsafe abortions.
- Gender norms in many societies tend to make men macho, women passive, and marginalize transgender people – making all of them vulnerable in different ways to Sexual and Reproductive Health services problems, and inhibiting access to services.

However, women form larger proportion of the Nigerian population (UNESCO, 2012). But Akinbi and Akinbi (2015) brought that literacy rate of women in Northwest Nigeria stood at 22% while that of men at 40%. Also Yakubu (2016) reported that a woman has a sexual problem if she:

1. lacks or loses sexual desire (desire disorder)
2. has difficulty reaching the climax of sexual excitement (orgasmic disorder)
3. feels pain during sexual intercourse probably as a result of inadequate lubrication or involuntary contraction of vaginal or other muscles during sex.
4. is unable to be aroused (arousal disorder).

Scholars like Chepkoech, Khayesi and Ogola (2019), noted that Religion discourages the use of family planning methods and this may increase the risk like unwanted pregnancies, school dropout and abortion. And Health and Development Team (undated) reported that many countries do not recognize sexual health as being distinct from reproductive health and the need for sexual information services which go beyond only concerning reproduction.

Also Olivia and Diatou (2022) reported that poor access to sexual and reproductive information for women around the world can result in unwanted and/or mistimed pregnancies, poor maternal health, and high rates of sexually transmitted infections (STIs) including HIV/AIDS, as well as other negative consequences on health, livelihoods and economic success.

In Senegal, Olivia and Diatou (2022) interviewed marginalized women from October to December 2019. Their respondents reported having difficulties accessing sexual and reproductive information because of structural inaccessibility within health care establishments, financial limitations, inaccessible transportation and far-away health establishments, long wait times in health care establishments, and prejudices and discrimination from health providers. Women had low knowledge of STIs, but were generally well-informed on different types of contraception, felt that accessing sexual and

  

reproductive information is easier, and wished to see improvements in the Senegalese health care system.

As pointed out by Chepkoech, Khayesi and Ogola (2019), some communities have different beliefs and they prefer only parents to pass information on sexual and reproductive health. Boostra and Jones (2004) stated that parents are significant sources of reproductive health. However, local women in northern Nigeria may avoid seeking advice from their parents, and this will deter them from accessing relevant information on reproductive health.

According to Health and Development Information Team (undated), at national levels, there is a general lack of political will to implement international policy and amend laws to improve access. And Sensitive issues such as abortion, National laws concerning SRH issues often remain ambiguous and inconsistent. Cited Zimbabwe where16 and 17 year olds are legally capable of consenting to sex, but are not permitted to use services and information regarding contraception and STI prevention. Such ambiguities can provide a foundation for service providers to use their discretion and restrict access to some groups of people based on personal prejudices.

In Nigeria, it is also reported by Ibegbulam, Akpom, Enem (2018) that the high rate of negative sexual and reproductive health practices has resulted to a rise in unwanted pregnancies, unsafe abortion complications and sexually transmitted infections including HIV/AIDS. Female infertility affects 13-15% of couples worldwide, 50-80 million Africans and 30.3% Nigerians (Kamel, 2010).

Yakubu (2016) emphasized that any marriage in which the man cannot enjoy sexual intercourse or satisfy his wife in bed and vice-versa is a dead marriage. If either of them, especially the man is not satisfied, he may begin to pick up unnecessary quarrels with his wife but unwilling to talk about it in public. He may then begin to engage in extra-marital affairs which may eventually result in prostitution, divorce and even suicide.

### 3.1 Methodology

*Quantitative research methodology using a* cross sectional survey design was used. For the purpose of this study, a cluster sampling was used in selecting the secondary population of this study. This gave more reliable and detailed information that permitted the researcher to identify sub-groups within a population. Therefore, using seven states of North-Western Nigeria, the researcher divided each of the states into their three senatorial zones, and then applied simple random sampling to select two local governments from each state of the north-West zone of Nigeria. The data then collected from 14 local governments selected from the seven states of study zone. In compliance with the researchers Advisor table (2006) sample of 384 was used for data collection which was distributed proportionately to the respective local governments. Structured questionnaire was the instrument used for data collection from a population of 384 women in the seven states of North-Western Nigeria, out of which 314 (81.8%) were returned and found usable for the analysis. Data were analyzed using descriptive statistics.

### 4.1 Results

The results of the survey are presented below in descriptive format, using frequency tables and percentages.

**Table 1: Satisfaction of women on the use of Reproductive and Sex Information in North Western States of Nigeria**

Please rate your satisfaction with the use of the following types of reproductive and sex information (5 = highly satisfied, 4 = moderately satisfied, 3 = Undecided, 2 =fairly satisfied, 1 = not satisfied.

  

| S/N | Sex and Reproductive Information | Highly Satisfied | Satisfied | Moderately Satisfied | Fairly Satisfied | Not Satisfied |
|---|---|---|---|---|---|---|
| 1 | Information on sexual dysfunction that prevents individuals or couple from wanting or enjoying sexual intercourse | 3(1.0%) | 40(12.7%) | 31(9.9%) | 30(9.6%) | 36(11.5%) |
| 2 | Information on female sexual dysfunction (FSD) that many people are hesitant or embarrassed to discuss | 2(0.6%) | 27(8.6%) | 37(11.8%) | 26(8.3%) | 50(15.9%) |
| 3 | Information on chronic medical condition (e.g. diabetes, spinal cord injury, liver disease etc.) that cause sexual dysfunction | 12(3.8%) | 20(6.4%) | 24(7.6%) | 29(9.2%) | 32(10.2%) |
| 4 | Information on how traumatic employment or marriage related issues cause sexual dysfunction | 6(1.9%) | 16(5.1%) | 54(17.2%) | 20(6.4%) | 20(6.4%) |
| 5 | Information on some side effects caused by pharmacological agents (e.g. headache, vision changes, hypotension, bleeding vaginitis, multiple pregnancy, swollen and painful ovaries) | 13(4.1%) | 55(17.5%) | 40(12.7%) | 30(9.6%) | 16(5.1%) |
| 6 | Information about infertility as the inability to become pregnant after half a year (6 months) to a year (12 months) of unprotected sexual intercourse | 13(4.1%) | 51(16.2%) | 63(20.1%) | 17(5.4%) | - |
| 7 | Information on improved eating habits, regular exercise, abstaining from smoking, avoiding stress etc., that improve the frequency and timing of intercourse | 35(11.1%) | 14(4.5%) | 22(7.0%) | 17(5.4%) | 33(10.5%) |
| 8 | Information on imbalance in the level of oestrogen and progesterone in females that causes irregular menstrual cycle, infertility, diabetes and breast cancer | 23(7.3%) | 39(12.4%) | 41(13.1%) | - | 10(3.2%) |
| 9 | Information on herbal medicines which involves the use of plants parts (seeds, berries, roots, leaves, barks, flowers) or the entire plant in the management of sexual dysfunction and reproductive inadequacies | 16(5.1%) | 28(8.9%) | 25(8.0%) | 29(9.2%) | - |

| | | | | | | |
|---|---|---|---|---|---|---|
| 10 | Information associated with the risk of infection, risks of miscarriage, risk of multiple pregnancies, risk of irregular menstrual cycle, risk of abnormal embryo development and transmission of genetic defects | 24(7.6%) | 22(7.0%) | 33(10.5%) | 13(4.1%) | 33(10.5%) |
| 11 | Information on family planning services e.g. abortion, contraception and child spacing measures | 2(0.6%) | 40(12.7%) | 51(16.2%) | 7(2.2%) | 45(14.3%) |
| 12 | Information on breast feeding and immunization/vaccination | 38(12.1%) | 104(33.1%) | 36(11.5%) | 9(2.9%) | - |
| 13 | Information on how to prevent parents-to-child transmission of diseases such as sickle cell anaemia and HIV AIDS | 5(1.6%) | 46(14.5%) | 33(10.5%) | 36(11.5%) | - |
| 14 | Information on how to enhance libido or sexual desire and prolong early release of sperm by women | 5(1.6%) | 35(11.1%) | 35(11.1%) | 42(13.4%) | 5(1.6%) |

The data on table 1 revealed that the respondents were asked to Indicate their level of satisfaction with the use of reproductive and sex information and few 40(12.7%) of the respondents were satisfied with the use of Information on sexual dysfunction that prevents individuals or couple from wanting or enjoying sexual intercourse. This is followed by 30(9.6%) of the respondents who were fairly satisfied. And 36(11.5%) of the respondents were not satisfied, and 31(9.9%) of the respondents were moderately satisfied, while 3(1.0%) of the respondents were highly satisfied with the use of Information on sexual dysfunction that prevents individuals or couple from wanting or enjoying sexual intercourse. This finding advocates for the need to comply with the suggestion of Health and Development Information Team (undated) that provision of sex information services requires governments to acknowledge sexual rights including sexual pleasure and sexual orientation; and address issues such as gender roles and power imbalances within relationships.

Also 50(15.9%) of the respondents were not satisfied with the use of Information on female sexual dysfunction (FSD) that many people are hesitant or embarrassed to discuss. This is followed by 37(11.8%) of the respondents were moderately satisfied and 27(8.6%) satisfied, while 26(8.3%) fairly satisfied. Least 2(0.6%) of the respondents were highly satisfied with the use of Information on female sexual dysfunction (FSD) that many people are hesitant or embarrassed to discuss.

Moreover, 32(10.2%) of the respondents were not satisfied with the use of Information on chronic medical condition (e.g. diabetes, spinal cord injury, liver disease etc.,) that cause sexual dysfunction. This is followed by 29(9.2%) of the respondents who were fairly satisfied. And 24(7.6%) of the respondents were moderately satisfied, while 20(6.4%) of the respondents were satisfied, then 12(3.8%) of the respondents were highly satisfied with the use of Information on chronic medical condition (e.g. diabetes, spinal cord injury, liver disease etc.) that cause sexual dysfunction.

Also 54(17.2%) of the respondents were moderately satisfied with the use of Information on how traumatic employment or marriage related issues cause sexual dysfunction. This is followed by 20(6.4%) of the respondents who were fairly satisfied and other 20(6.4%) not satisfied, while 16(5.1%)

  

were satisfied. Least 6(1.9%) of the respondents were highly satisfied with the use of Information on how traumatic employment or marriage related issues cause sexual dysfunction.

Moreover, 55(17.5%) of the respondents were satisfied with the use of Information on some side effects caused by pharmacological agents (e.g. headache, vision changes, hypotension, bleeding vaginitis, multiple pregnancy, swollen and painful ovaries). This is followed by 40(12.7%) of the respondents who were moderately satisfied. And 30(9.6%) of the respondents were fairly satisfied, while 16 (5.1%) of the respondents not satisfied, then 13(4.1%) of the respondents were highly satisfied with the use of Information on some side effects caused by pharmacological agents (e.g. headache, vision changes, hypotension, bleeding vaginitis, multiple pregnancy, swollen and painful ovaries).

Also 63(20.1%) of the respondents were moderately satisfied with the use of Information about infertility as the inability to become pregnant after half a year (6 months) to a year (12 months) of unprotected sexual intercourse. This is followed by 51(16.2%) of the respondents who were satisfied and 17(5.4%) fairly satisfied, while 13(4.1%) were highly satisfied with the use of Information about infertility as the inability to become pregnant after half a year (6 months) to a year (12 months) of unprotected sexual intercourse.

Moreover, 33(10.5%) of the respondents were not satisfied with the use of Information on improved eating habits, regular exercise, abstaining from smoking, avoiding stress etc., that improve the frequency and timing of intercourse). This is followed by 35(11.1%) of the respondents who were highly satisfied. And 22(7.0%) of the respondents were moderately satisfied, while 17(5.4%) of the respondents fairly satisfied, then 14(4.5%) of the respondents were satisfied with the use of Information on improved eating habits, regular exercise, abstaining from smoking, avoiding stress etc., that improve the frequency and timing of intercourse.

Also 41(13.1%) of the respondents were moderately satisfied with the use of Information on imbalance in the level of oestrogen and progesterone in females that causes irregular menstrual cycle, infertility, diabetes and breast cancer. This is followed by 39 (12.4%) of the respondents who were highly satisfied and 23(7.3%) highly satisfied, while 10(3.2%) were not satisfied with the use of Information on imbalance in the level of oestrogen and progesterone in females that causes irregular menstrual cycle, infertility, diabetes and breast cancer.

Moreover, 29(9.2%) of the respondents were fairly satisfied with the use of Information on herbal medicines which involves the use of plants parts (seeds, berries, roots, leaves, barks, flowers) or the entire plant in the management of sexual dysfunction and reproductive inadequacies. This is followed by 28(8.9%) of the respondents who were satisfied. And 25(8.0%) of the respondents were moderately satisfied, while 16(5.1%) of the respondents highly satisfied with the use of Information on herbal medicines which involves the use of plants parts (seeds, berries, roots, leaves, barks, flowers) or the entire plant in the management of sexual dysfunction and reproductive inadequacies.

Moreover, 33(10.5%) of the respondents were moderately satisfied with the use of Information associated with the risk of infection, risks of miscarriage, risk of multiple pregnancies, risk of irregular menstrual cycle, risk of abnormal embryo development and transmission of genetic defects. Other 33(10.5%) of the respondents were not satisfied with the use of Information associated with the risk of infection, risks of

miscarriage, risk of multiple pregnancies, risk of irregular menstrual cycle, risk of abnormal embryo development and transmission of genetic defects. This is followed by 24(7.6%) of the respondents who were highly satisfied. And 22(7.0%) of the respondents were satisfied, while 13(4.1%) of the respondents fairly satisfied.

Moreover, 51(16.2%) of the respondents were moderately satisfied with the use of Information on family planning services e.g. abortion, contraception and child spacing measures. About 45(14.3%) of the respondents were not satisfied with the use of Information on family planning services e.g. abortion, contraception and child spacing measures. This is followed by 40(12.7%) of the respondents who were satisfied. And 7(2.2%) of the respondents were fairly satisfied, while 2(0.6%) of the respondents highly satisfied.

Many 104(33.1%) of the respondents were satisfied with the use of Information on breast feeding and immunization/vaccination. This is followed by 38(12.1%) of the respondents who were highly satisfied and 36(11.5%) were moderately satisfied, while 9(2.9%) were fairly satisfied with the use of Information on breast feeding and immunization/vaccination.

Moreover, 46(14.5%) of the respondents were satisfied with the use of Information on how to prevent parents-to-child transmission of diseases such as sickle cell anaemia and HIV AIDS. About 36(11.5%) of the respondents were fairly satisfied with the use of Information on how to prevent parents-to-child transmission of diseases such as sickle cell anaemia and HIV AIDS. This is followed by 33(10.5%) of the respondents who were moderately satisfied, and 5(1.6%) of the respondents were highly satisfied.

Also 42(13.4%) of the respondents were fairly satisfied with the use of Information on breast feeding and immunization/vaccination. This is followed by 35(11.1%) of the respondents who were satisfied. Other 35(11.1%) were moderately satisfied, about 5(1.6%) were highly satisfied with the use of Information on breast feeding and immunization/vaccination. Other 5(1.6%) were not satisfied.

The data on table 1 further revealed that and 46(14.5%) of the respondents were satisfied with the use of Information on how to prevent parents-to-child transmission of diseases such as sickle cell anaemia and HIV AIDS, 36(11.5%) of the respondents were fairly satisfied with the use of Information on how to prevent parents-to-child transmission of diseases such as sickle cell anaemia and HIV AIDS. This is followed by 33(10.5%) of the respondents who were moderately satisfied. And 5(1.6%) of the respondents were highly satisfied. This finding justifies the submission of Health & Development Information Team (undated) that despite that the importance of reproductive health has been acknowledged in international agreements, many countries do not consider sexual health as a legitimate health issue.

Also 42(13.4%) of the respondents were fairly satisfied with the use of Information on how to enhance libido or sexual desire and prolong early release of sperm by women, and 35(11.1%) of the respondents were satisfied with the use of Information on how to enhance libido or sexual desire and prolong early release of sperm by women. Other 35(11.1%) of the respondents were moderately satisfied. And 5(1.6%) of the respondents were highly satisfied, while 5(1.6%) of the respondents were highly satsified with the use of Information on how to enhance libido or sexual desire and prolong early release of sperm by women, other 5(1.6%) of the respondents were not satisfied with the use of Information on how to enhance libido or

  

sexual desire and prolong early release of sperm by women. This findings advocates the need for improvement for the local women to utilized all types of sex and reproductive information. To buttress this point Chepkoech, Khayesi and Ogola (2019) emphasized that people need access to sexual and reproductive health information and services so that they can prevent unintended pregnancy and decide if and when to have children.

**Table 2: Challenges Associated with Access and Use Of Sex and Reproductive Information Among Women In North Western States of Nigeria**

What problems do you encounter in access to and use of Sex and Reproductive information

| S | | | |
|---|---|---|---|
| 1 | Distance from health facility | 177(56.4%) | 137(43.6%) |
| 2 | Non-availability of relevant reproductive and sex information | 89(28.3%) | 225(71.7%) |
| 3 | Lack of awareness of the importance of reproductive and sex information | 80(25.5%) | 234(74.5%) |
| 4 | Lack of funds to cater for clinic expenses | 186(59.2%) | 128(40.8%) |
| 5 | Lack of skilled reproductive and sex education teachers | 143(45.5%) | 171(54.5%) |
| 6 | Lack of Western education | 144(45.9%) | 170(54.1%) |
| 7 | Lack of proper communication | 145(46.2%) | 169(53.8%) |
| 8 | Lack of support from spouse | 149(47.4%) | 162(51.6%) |
| 9 | Medical terminologies used by health professionals | 96(30.6%) | 218(69.4%) |
| 10 | Attitudes of health workers | 94(29.9% | 220(70.1%) |
| 11 | Religious/cultural constrains | 103(32.8%) | 211(67.2%) |
| 12 | Others (Please specify..... | 15(4.8%) | 299(95.2%) |

Table 2 indicates that majority 186(59.2%) of the respondents considered lack of fund to cater for clinic expenses as the challenge they encounter in access to and use of Sex and Reproductive information. This is followed by more than half 177(56.4%) of the respondents who considered distance from health facility as challenge they encounter in access to and use of Sex and Reproductive information. Almost half 149(47.4%) indicated lack of support from spouse. Other 145(46.2%) indicated lack of proper communication as a challenge they encounter. Less than half 144(45.9%) of the respondents who indicated lack of western education as a challenge. About 143(45.5%) of the respondents regarded lack of skilled reproductive and sex education teachers. Religious/cultural constrains were considered a challenge encountered by 103(32.8%) of the respondents. Other 96(30.6%) of the respondents regarded medical terminologies used by health professionals as a challenge encountered in Access to Use of reproductive and sex Information. While 94(29.9%)of the respondents considered attitudes of health workers a challenge, and 89(28.3%) considered non-availability of relevant reproductive and sex information as a challenge encountered. A quarter 80(25.5%) of the respondents indicated lack of awareness on the importance of reproductive and sex information. Least 15(4.8%) of the respondents indicted other challenges encountered. Those other challenges identified include inability to access materials

from the internet, Lack of western education, Poor search skills, Inadequate enthusiasm, and Inadequate knowledge of information technologies operation.

### 4.2 Measures of Overcoming the Challenges

In your opinion, what do you think must be done to improve access to and use of Sex and Reproductive information among women in North-western States of Nigeria?

The respondents were given opened ended question that sought their opinions on what must be done to improve access to and use of Sex and Reproductive information among women in North-western States of Nigeria. Some of the measures they suggested were; the need for the provision of adequate or sufficient up-to date sex and reproductive information to local women. Other advised that local and cultural institutions should introduce sex literacy program so as to equip women with skills for accessing different sources of reproductive and sex information, local hospitals should concentrate on organizing seminar, workshops on the training of mid-wives on how to assist their clients for access sex and reproductive information, and lastly, parent should create enabling environment by providing attention to children so as to introduce avenues capable of encouraging daughters to ask questions for better reproductive expectancy.

### 5.1 Findings and Discussions

A higher percentage of the women were satisfied with the use of Information on sexual dysfunction that prevents individuals or couple from wanting or enjoying sexual intercourse. Satisfaction of women on access to this type of information is necessary as it assists them to avoid the warning of Yakubu (2016) who reported that a woman has a sexual problem if she lacks or loses sexual desire, has difficulty reaching the climax of sexual excitement, feels pain during sexual intercourse probably as a result of inadequate lubrication or involuntary contraction of vaginal or other muscles during sex and is unable to be aroused.

Higher percentage were not satisfied with the use of Information on female sexual dysfunction (FSD) that many people are hesitant or embarrassed to discuss; higher percentage were not satisfied with the use of Information on chronic medical condition (e.g. diabetes, spinal cord injury, liver disease etc.,) that cause sexual dysfunction. This perharps may be attributed to the saying of Health and Development Information Team (undated) that many people are unable to access sex and reproductive services for reasons of poverty, language, disability and geographical inaccessibility; or are denied access because of stigma, discrimination or restrictive laws and policies.

Higher percentage were moderately satisfied with the use of Information on how traumatic employment or marriage related issues cause sexual dysfunction. Thus, improvement on access to such information need to be provided so as to avoid the negative effect of such marriage related issues cause sexual dysfunction emphasized by Yakubu (2016) that any marriage in which the man cannot enjoy sexual intercourse or satisfy his wife in bed and vice-versa is a dead marriage.

Higher percentage were satisfied with the use of Information on some side effects caused by pharmacological agents (e.g. headache, vision changes, hypotension, bleeding vaginitis, multiple pregnancy, swollen and painful ovaries); higher percentage of the respondents were moderately satisfied with the use of Information about infertility as the inability to become pregnant after half a year (6 months) to a year (12 months) of unprotected sexual intercourse.

Also higher percentage of the respondents were not satisfied with the use of Information on improved eating habits,

  

regular exercise, abstaining from smoking, avoiding stress etc., that improve the frequency and timing of intercourse). Higher percentage of the respondents were moderately satisfied with the use of Information on imbalance in the level of oestrogen and progesterone in females that causes irregular menstrual cycle, infertility, diabetes and breast cancer. For better satisfaction, Health and Development Information Team (undated) suggested that it is essential that sexual and reproductive services to be affordable even for the poorest people in societies. This means that such services must be free. Thus Non-state providers including commercial firms, non-for-profit making organisations and faith-based organisations should often provide services when governments are unable to meet people's sexual and reproductive needs.

Moreover, higher percentage of the respondents were fairly satisfied with the use of Information on herbal medicines which involves the use of plants parts (seeds, berries, roots, leaves, barks, flowers) or the entire plant in the management of sexual dysfunction and reproductive inadequacies; higher percentage of the respondents were moderately satisfied with the use of Information associated with the risk of infection, risks of miscarriage, risk of multiple pregnancies, risk of irregular menstrual cycle, risk of abnormal embryo development and transmission of genetic defects; higher percentage of the respondents were moderately satisfied with the use of Information on family planning services e.g. abortion, contraception and child spacing measures. These findings almost coincide with the finding of Chepkoech, Khayesi and Ogola (2019) in South Africa where women's activists and health advocates successfully campaigned for abortion services to be legalized.

Many of the respondents were satisfied with the use of Information on breast feeding and immunization/vaccination. The data on further revealed that higher percentage of the respondents were satisfied with the use of Information on how to prevent parents-to-child transmission of diseases such as sickle cell anaemia and HIV AIDS, a higher percentage of the women were fairly satisfied with the use of Information on how to enhance libido or sexual desire and prolong early release of sperm by women. This finding advocates the need for improvement for the local women to utilized all types of sex and reproductive information. To buttress this point Chepkoech, Khayesi and Ogola (2019) emphasized that people need access to sexual and reproductive health information and services so that they can prevent unintended pregnancy and decide if and when to have children.

As added by Yakubu (2016) stated that if either of couple, especially the man is not satisfied, he may begin to pick up unnecessary quarrels with his wife but unwilling to talk about it in public. He may then begin to engage in extra-marital affairs which may eventually result in prostitution, divorce and even suicide.

**Conclusion**

Findings from this study established that a higher percentage of the women were satisfied with the use of Information on sexual dysfunction that prevents individuals or couple from enjoying sexual intercourse; were satisfied with the use of Information on some side effects caused by pharmacological agents, were satisfied with the use of Information on how to prevent parents-to-child transmission of diseases.

Higher percentage were moderately satisfied with the use of Information on how traumatic employment or marriage related issues cause sexual dysfunction; moderately satisfied with the use of Information associated with the risk of infection, risks of miscarriage, risk of multiple pregnancies, risk of irregular menstrual cycle, risk of abnormal embryo development and transmission of genetic defects; moderately satisfied with the use of Information on family planning services; were moderately satisfied with the use of Information about infertility; and were moderately satisfied with the use of

Information on imbalance in the level of oestrogen and progesterone in females that causes irregular menstrual cycle, infertility, diabetes and breast cancer.

Higher percentage of the women were fairly satisfied with the use of Information on herbal medicines which involves the use of plants parts or the entire plant in the management of sexual dysfunction and reproductive inadequacies; were fairly satisfied with the use of Information on breast feeding and immunization/vaccination; were fairly satisfied with the use of Information on how to enhance libido or sexual desire and prolong early release of sperm by women. Many were satisfied with the use of Information on breast feeding and immunization/vaccination.

However, higher percentage were not satisfied with the use of Information on female sexual dysfunction (FSD) that many people are hesitant or embarrassed to discuss; were not satisfied with the use of Information on chronic medical condition that cause sexual dysfunction; and were not satisfied with the use of Information on improved eating habits, regular exercise, abstaining from smoking, avoiding stress etc., that improve the frequency and timing of intercourse. Therefore, these finding advocate the need for improvement for the local women to utilize all types of sex and reproductive information.

**References**

Ahmad, K. &Najeemah, B.M.Y (2013). Cultural Traditional and Practices of the Parents as Barriers to Girl-Child Education in Zamfara State, Nigeria. *International Journal of Scientific and Research Publication* 3(11) 2250-3153

Akinbi and Akinbi (2015). Gender Disparity Enrollment into Basic Formal Education in Nigeria: Implication for National Development. *An International Multidisciplinary Journal Etheopia* 9(3) 11-23

Chepkoech, J. Khayesi, M.K and Ogola, J.O. (2019).Sources of Information on Reproductive Health among Teenage Girls in Kaptembwo, Nakuru County, Kenya. *International Journal of Library Science*. 8(1): 18-25 doi:10.5923/j.library.20190801.03

Health & Development Information Team (undated). Eldis Health Key Issues: Universal access to sexual and reproductive health services

Kamel, R. M. (2010). Management of the infertile couple: an evidence-based protocol. *Reproductive Biology and Endocrinology* 8:21

Olivia, S. & Diatou, (2022) Examining access to sexual and reproductive health services and information for young women with disabilities in Senegal: a qualitative study, *Sexual and Reproductive Health Matters*, 30:1, DOI: 10.1080/26410397.2022. 2105965

Ovat, P.S. (2007). *Foundation of Sex Education*. Lagos: Gogaps Production and Services Limited

United Nations International Children Education Fund (2020) Girls' Education: Gender Equality in Education Benefits Every Child. Available at www.unicef.org/education

Yakubu, M. T. (2016). "Knocking Down the Barriers to Four O'Clock Activities and Reproductive Inadequacies" presented at *163rd Inaugural Lecture and published by The Library and Publications Committee University of Ilorin*, Ilorin, Nigeria,