STAKEHOLDER'S PERSPECTIVES ON THE ACCESS OF CONTEMPORARY REPRODUCTIVE HEALTH CARE SERVICES BY WOMEN IN RURAL AREAS OF KWARA STATE.

by

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DOI:10.64450/njsh.v2i2.010

Abstract

Rural women face numerous structural, socioeconomic and cultural barriers that prevent them from accessing equitable healthcare services hence calling for a detailed analysis of stakeholder views. This study investigated healthcare accessibility factors for rural women through analysis of opinions from healthcare providers and community leaders along with policymakers and women from target areas. The study adopted exploratory research design. implementing qualitative methods through focus group discussions and semi structured interview guide for data collection. A multistage sampling was adopted to select the sample locations and respondents. 12 communities were purposively selected from the three senatorial districts of Kwara State, Nigeria. A total number of 96 in-depth interviews (IDI), twelve (12) key informant interviews (KII) and 12 focused group discussions (FGDs) sessions were conducted. The data was analyzed using the thematic approach, triangulation and Nvivo. The Health Belief Model (HBM) and Social Determinants of Health (SDH) theory was adopted to analyze the study. The study revealed that most rural women are not educated on reproductive health challenges and exposure to these challenges is linked to illiteracy, poor accessibility to modern telecommunication gadgets, and belief system of rural dwellers. Rural women use combination of traditional and contemporary health care services because of their beliefs and availability of traditional health care services. Rural women's health will advance best through active joint efforts between stakeholders like the government agencies, providers and the key people of their communities. The research results add value to healthcare equity discussions while delivering useful guidance to officials and medical practitioners and development organizations operating within rural areas.

Keywords: Healthcare, access, Health Belief Model, culture, Stakeholder perspectives

1. INTRODUCTION

The accessibility of high-quality healthcare constitutes a crucial health determinant of women's well-being. Despite its importance, most rural women are exposed to reproductive health challenges that are treatable with the appropriate contemporary health care services. In Nigeria maternal mortality rate (MMR) had risen from 704 per 100,000 live births in year 2000 to 800 live birth in year 2003 before a gradual reduction. Presently, there is a record of 512 deaths per 100,000 live births. Kwara state MMR was rated second highest in Nigeria in year 2020; having 1,047.4 live birth per 100,000. In 2022 it has reduced to 151.8 live birth with highest data from rural areas. Rural areas throughout Nigeria especially within Kwara State still struggle to obtain medical services. Women from these regions face additional difficulties when seeking contemporary healthcare. Majorly because of their isolated location along with the perception of rural women which are heavily influenced by their economic status, previous experiences, religion, and educational status. The combination of societal beliefs together with economic limitations control women's healthcare accessibility resulting in unsuccessful maternal health results and multiple maternal deaths (Ogunbiyi et al., 2019).

However, access and utilization of contemporary facility-based care gives women a better chance of receiving lifesaving procedures, such as a cesarean delivery, handling complications related to preterm birth (Lawn et al., 2014) and postnatal care. (care for the mother within 24 hours of delivery (including care received while still in the delivery facility)—is critical for managing hemorrhage and sepsis, which are the leading causes of maternal and newborn deaths, respectively, in (LMICs) Lower-middle–income countries (WHO, 2018). Furthermore, of all the interventions in the continuum of maternal and newborn care, postnatal care has some of the lowest coverage. As of 2019, an estimated 36% of new mothers in LMICs receive postnatal care. Post-natal care should include counseling on birth spacing and contraception, and the provision of contraceptive methods on request (WHO, 2017).

The inadequacies within Kwara State rural healthcare consist of insufficient infrastructure together with restricted medical personnel and insufficient transport networks according to Fadare et al. (2020). Rurality forces women to confront barriers in healthcare access because they live far from medical facilities. Neighboring villagers often traveled to access such facilities but often meet a long queue of villagers gathered; facing bureaucratic procedures which affected their ability to handle emergency complications. Private healthcare providers make this vulnerable people pay expensive medical fees because they are ignorant about healthcare options (Abimbola et al., 2016). This research examines how different stakeholders view these barriers during healthcare provision to women in rural Kwara State while generating suggestions for service improvement.

Research Objectives

1. To identify the key barriers to women's access to contemporary reproductive healthcare in rural areas of Kwara State.
2. To investigate the role of socio-cultural factors on health seeking behaviour.
3. To explore stakeholders' perspectives on contemporary reproductive healthcare service delivery in Kwara State.
4. To suggest approaches for improving access to contemporary reproductive healthcare for rural women.

2. LITERATURE AND THEORETICAL REVIEW

Rural areas in Nigeria show limitations for residents who wish to utilize healthcare services. The large gaps between urban healthcare and rural healthcare delivery have made access to healthcare in rural Nigeria a significant point of interest. The rural inhabitants located in remote areas experience multiple barriers to obtain quality healthcare because of their distance from urban facilities. The main obstacles preventing healthcare access consist of insufficient healthcare facilities together with inadequate medical personnel and limited transportation services and lack of enough financial resources (Abimbola et al., 2016). The health inequalities experienced by rural women become more severe because of cultural elements combined with social factors and gender-based elements. Different research papers demonstrate the distance-related challenges that rural women experience when trying to obtain healthcare support. The healthcare facilities in rural Kwara State remain limited which forces women to make extended journeys to reach maternal and child healthcare facilities (Fadare et al., 2020). Women face multiple barriers in accessing quick medical help because of their long travel distances between healthcare facilities through damaged roads without suitable transportation. Women may suffer severe medical conditions from delayed maternal care because of increased maternal mortality statistics (Ogunbiyi et al., 2019).

The economic challenges hinder women from getting proper healthcare treatment while residing in rural communities. Due to low household earnings nearly all rural families face difficulties affording healthcare costs because medical services demand financial payments which families cannot afford to pay. Such expenses along with the indirect costs that reduce employment potential become additional challenges for economically deprived women who need to travel long distances for medical care (Adebayo et al., 2015). Women in rural areas experience restricted healthcare access because socio-cultural elements together with gender-specific norms act as important restrictive factors alongside geographic and economic challenges. Traditional gender roles present barriers for rural women who want to make decisions about their health care in numerous rural regions (Oluwole et al., 2021). Widely accepted male authority over female needs frequently results in women's health care marginalized since male relatives and local leaders make healthcare decisions instead of women themselves. Women prevent themselves from getting healthcare because they need male family members to authorize their treatment access even if medical services are available.

The cultural condemnation of specific health matters including maternal health and reproductive health drives men and women to avoid accessing available medical services. Women delay seeking healthcare because they fear being blamed and

isolated when dealing with issues classified as social taboos by the cultural community (Ezeh et al., 2019). The delayed pursuit of healthcare service prevents improvements in health results specifically during childbirth. Recent research reveals rural females usually have poor knowledge about healthcare services that exist along with their health policy welfare protections (Fadare et al., 2020). The low understanding levels among patients regarding maternal health services causes them to make late decisions about seeking medical care. Rural women maintain limited understanding about the vital aspects of antenatal care, postnatal care and family planning services thus accelerating the high maternal and childhood death rates experienced in these areas (Adebayo et al., 2015).

Rural healthcare improvement programs are being developed through initiatives launched by both the Nigerian government and multiple NGOs. The National Health Insurance Scheme (NHIS) operates as a major initiative by providing subsidized health insurance coverage through its national health insurance program for low-income families according to Abimbola et al. (2016). These rural-based schemes experience restricted success rates because of limited awareness together with operational difficulties and insufficient implementation infrastructure. The local government together with health outreach initiatives prioritized rural areas through programs that expanded maternal and child health service accessibility. The healthcare service programs utilize mobile clinics together with outreach campaigns to transport basic healthcare services into remote rural communities (Fadare et al., 2020). Such efforts have brought limited success but their continued operation faces obstacles since programs depend on outside funding which is difficult to sustain.

Medical service delivery throughout rural Kwara State faces major difficulties. Rural healthcare faces severe underfunding which results in inadequate funds for building healthcare facilities along with training healthcare workforce effectively. All stakeholders from local health personnel and policymakers acknowledge that these communities require major improvements to overcome underlying obstacles in accessing healthcare (Ogunbiyi et al., 2019). The analysis of healthcare barriers for rural Kwara women will use Health Belief Model (HBM) combined with Social Determinants of Health (SDH) theory to create a complete framework which explains both impediments and facilitators.

Health Belief Model (HBM)

The Health Belief Model (HBM) provided a successful framework to analyze personal healthcare decisions along with behavioral actions. Individuals participate in health-promoting actions when they acknowledge their vulnerability to health problems while viewing these issues seriously, realize safer health steps would decrease risks and recognize minimal barriers preventing such steps (Rosenstock, 1974). Rural women of Kwara State base their medical service choice on their fear of maternal complications alongside their trust in healthcare services according to the HBM theory. Women residing in rural areas fail to recognize their health risks because of poor understanding of healthcare essentials along with poor awareness about preventive services such as prenatal visits and family planning consultations. Cultural gender roles and community beliefs cause women to disregard the

significance of health conditions that stem from reproductive issues because reproductive issues often face stigma in rural areas.

Three core components of the model consist of healthcare barriers which individuals perceive due to travel challenges and monetary expenditures and diminished autonomy in healthcare decisions. Healthcare services become less accessible for women because they struggle to surmount these various barriers which prevent them from seeking healthcare. The construct of HBM allows this study to analyze mental factors in women's healthcare selection process while indicating potential interventional spots.

Social Determinants of Health (SDH)

The Social Determinants of Health (SDH) framework allows healthcare professionals to examine various structured components that form the basis of health outcome results. Health affects both personal choices and social economic and environmental elements as per the guidelines set by the SDH framework. According to Marmot et al. (2008) the determinants of health embrace financial stability together with educational attainment and residential standards along with healthcare services access and community support networks. Rural areas of Kwara State encounter substantial barriers to health care access for women because of several social determining factors which include economic poverty combined with limited educational opportunities and gender disparities in addition to geographic remoteness. Health choices and healthcare service accessibility for women become restricted as social determinants build the framework which shapes these behaviors according to the SDH framework. Multiple social determinants generate health inequities because rural women face worse health results than their female counterparts living in urban areas.

This research adopts the SDH framework to understand that Kwara State rural women need improved healthcare because their health decisions and outcomes are impacted by fundamental social and economic inequalities. Healthcare interventions must supplement medical service delivery through efforts directed at resolving education issues and strengthening economic frameworks and improving gender equality status. Three core components of the model consist of healthcare barriers which individuals perceive due to travel challenges and monetary expenditures and diminished autonomy in healthcare decisions. Healthcare services become less accessible for women because they struggle to surmount these various barriers which prevent them from seeking healthcare.

3. METHODOLOGY

The research adopts the exploratory research design implementing qualitative methods through focus group discussions and semi structured interview guide for data collection Twelve specific rural settlements located in Kwara State were selected as the study area. These senatorial districts areas are: (i) Kwara Central (Asa and Ilorin South LGA); (ii) Kwara North (Edu and Moro LGA); and (iii) Kwara South (Isin and

Ifelodun LGA). were selected through a multi stage sampling technique. Thus, the total expected sample size is 120 (N = 120), 96 IDI, 12 KII, and 12 FGDs. Villages of Jimba Oja, Alakuko Irorun, Samora, Egi Oyo Ipo, Ara, Opolo, Bolorunduro, Eyefunrogi, Abudu, Sheji, and Karati.

4. FINDINGS

Research findings show multiple crucial impediments and survival methods which affect rural women's healthcare accessibility in Kwara State's rural communities of Nigeria. The findings from few of the stakeholders are analyzed below

"I do not go for antenatal care despite the fact that we use both medical and traditional healthcare services, because, as I said earlier, my husband loves traditional healthcare more than medical healthcare due to his income level and also because we do not have any hospitals in this community. So, long distance and high expenses are other challenges that discourage us from attending antenatal care" (33-year-old, female, Kabba Owode, or jimba oja).

Similarly, some pregnant women in the study areas prefer visiting traditional and prayer centres rather than attending an antenatal clinic for healthcare services during pregnancy. They argued that visiting traditional healing centres for spiritual assistance is more effective than visiting hospitals for antenatal clinics. One participant expressed that:

"My dear friends, I don't like all these modern healthcare workers, especially nurses; they are too lousy. They talk anyhow. In my first pregnancy, I had a series of encounters with them because of the complications I experienced then. I was bleeding when my pregnancy was four months old. I was rushed to the UITH by my husband at midnight. If you see how those stupid nurses were talking to me, they were just talking carelessly and putting all the blame on me as if I caused my conditions. They told me that I had threatened miscarriage, and I was admitted for like a week before I was discharged. Unfortunately, I later had stillbirth despite the fact that I attended about four antenatal care services, with a lot of insults from all those nurses. So, before I had my second pregnancy, I consulted an herbalist in this community. She told me that the loss of my first pregnancy was not ordinarily the work of evil eyes. He prepared a lot of things for me to ward it off. When I got my second pregnancy, I didn't go to any hospital for antenatal care because of my bitter experiences during my first pregnancy. I have been visiting him every week for spiritual treatments because my case is spiritual. He even told me that I should not go to the hospital. If I do, my case would get worse" (37-year-old/female/ojoku).

From the above, it could be deduced that the participant preferred traditional healers, especially when they have a strong belief that their problem is spiritual. They are likely to continue their visits. However Various barriers exist across economic structures and infrastructure and social traditions which direct women's healthcare-seeking activities in the region.

Economic Barriers: The inability to access basic healthcare remains the essential obstacle for rural women in Kwara State because of their economic difficulties. Participants highlighted that combination of expensive healthcare expenses and restricted funding stood as essential barriers to access. Healthcare services at rural locations generally remain out of reach for most households because of their limited income status while emergency care along with maternal services are excessively expensive. Participants stated that health expenses including medical care payments and transportation expenses and lost income from missing work served to worsen financial barriers (Adebayo et al., 2015). Rural women experience difficulties accessing necessary medical care when there is no widespread health insurance available since maternal emergencies demand timely medical interventions but patients cannot afford such services. The lack of social welfare systems together with medical costs make rural women delay or fail to get healthcare altogether.

Healthcare Infrastructure: The evaluation reveals critical information about Kwara State rural healthcare facilities. The inadequate resources combined with insufficient equipment and minimal staff at rural healthcare facilities dramatically reduces the quality along with the available medical services. Survey participants observed that healthcare facilities in their locality possess minimal amounts of basic medical materials together with necessary medical devices that include ultrasound machines and laboratory equipment as well as emergency obstetric care tools. The need to reach medical facilities with better equipment in urban areas creates economic hardship for women because they need to travel extended distances (Fadare et al., 2020). The minimal qualified healthcare personnel present in rural areas creates a significant barrier to maternal and newborn healthcare. The JAPA syndrome (migration) has drained the health sector leaving most facilities with little or none qualified staff. Healthcare providers serving rural patients miss essential skills and continuous growth opportunities because they lack proper training which makes them unable to manage complex maternal and child health circumstances. Healthcare infrastructure must improve alongside rural health service human resource investment because these deficits show how crucial it is to build proper medical infrastructure.

Socio-Cultural Factors: The existing socio-cultural norms together with traditional beliefs determine how women gain access to healthcare services in rural regions. Traditional gender norms in rural communities keep many women from exercising independent choice regarding their healthcare decisions. Women living in many areas need approved access to healthcare from their spouse or male relatives who might include husbands relative or fathers to obtain reproductive health treatment (Oluwole et al., 2021). Under patriarchal family systems women require male authorization which causes an obstacle to their prompt medical care access since health choices must rely on male consent.in Kwara Central the communal life style, family house habitation has enforced women to be guided by senior wives or old mother inlaws perspectives on issues related to reproductive health.

The cultural beliefs involving childbirth and family planning and overall healthcare practices blocked formal healthcare services from rural communities. Rural communities retain traditional birth attendants (TBAs) as they prefer home deliveries according to cultural beliefs that usually oppose hospital-based births (Ezeh et al., 2019). Although TBAs help with basic healthcare needs their untrained skills limit

their ability to prevent complications when no emergency medical support is available. Adults with reproductive health problems experience severe social disapproval making them avoid obtaining medical assistance from conventional healthcare services.

Stakeholder Perspectives: *Among the major programme for all in Kwara is the Basic Healthcare Coalition, which is interlinked with the Kwara Health Insurance Scheme to provide for indigents, true indigents, the elderly, nursing mothers, pregnant women, and under-five women. They are to be registered and linked with primary health care facilities. In an attempt to make health affordable in Kwara, there is no charging for consultation from doctors; you pay only for drugs, and there is no discrimination between rural and urban areas. He felt the competition for care in rural areas is also high, e.g., the alagbooo, birth attendants, take charge and feel threatened by modern health care, and they often do all they can to sabotage the effort of the government. No one in Kwara should find it difficult to access health care because health care is cheap in Kwara". (Permanent Secretary)*

Healthcare providers together with community leaders provided important understanding about rural women's healthcare problems. Healthcare providers indicated that rural health worker education must be expanded with advanced competency development. The healthcare providers expressed their concerns about insufficient capability and limited resources to manage advanced medical conditions particularly those related to maternal care. Rural health centers experience inadequate resource distribution because they do not have sufficient medical equipment nor necessary drugs for delivering quality care services. The limited support systems for continuous development of rural healthcare providers worsens the existing challenges they face for professional growth and capacity expansion. Not-withstanding the support from NGO and counterpart funding for programs has minimized the impact of some of these challenges. Programs on family planning, use of misoprostol, accelerating nutrition results in Nigeria (ARIN) focuses on Nutrition, the society for family health SFH and other community-based organizations are doing a lot in rural areas where acceptability and security issues are minimal.

Leaders from the community stressed how essential cultural sensitivity should be in healthcare service delivery. The leaders advocated for healthcare provider training that includes learning about community traditions and religious practices as this knowledge boosts their capacity to work more effectively. Local leaders proposed creating health interventions jointly with administrators to develop proper cultural solutions that would increase community acceptance levels. Such an approach will help develop medical services that unite standard healthcare facilities with indigenous healthcare practices to deliver proper care for women within local cultural boundaries.

Patterns of Responses on Barriers to Using contemporary reproductive Healthcare Delivery by Respondents (NVIVO)

Stakeholders	Responses	Patterns

Pregnant women	Income level	24
	Occupation	11
	Level of education	37
Community leaders	Income level	14
	Occupation	8
	Level of education	9
Healthcare workers	Income level	11
	Occupation	10
	Level of education	8
Officials from the Ministry of health	Income level	12
	Occupation	11
	Level of education	14

As shown in the preceding theme, few of the participants who had clinics in their communities complained that the hospitals and clinics experienced shortages of human resources. Aside from the one mentioned in the preceding theme, another clinic we visited was disappointing. The clinic was opened, but we did not see any healthcare workers there.

Adaptive Strategies: The study discovered different adaptive measures which community members utilize to overcome the healthcare access barriers they face. Women's health groups along with health committees at the community level have proven vital toward helping people obtain healthcare. The committees operate between healthcare services and the community to transfer information about healthcare availability while they also arrange transportation for women who must obtain facility-based care. The local organization of health initiatives assists women by solving some barriers they encounter in healthcare access.

Rural communities in Kwara State relies heavily on informal care networks for healthcare service delivery. Traditional birth attendants (TBAs) and family members together with local healers deliver maternal and child healthcare to numerous women because formal healthcare facilities are difficult to reach. The informal care networks represent an essential part of healthcare delivery yet they present hazards because of insufficient standard medical training together with limited healthcare resources. These adaptive measures display rural populations' resistance to healthcare issues along with their capability to adjust their healthcare practices based on economic and infrastructural restrictions.

This study demonstrates how multiple linked elements determine rural women's healthcare availability throughout Kwara State. High healthcare expenses together with restricted financial resources emerged as the main challenge which prevented rural women from receiving prompt and appropriate healthcare. The rural areas suffer

from inadequate health insurance coverage which makes essential medical care inaccessible to women and puts them at risk during maternal medical emergencies (Adebayo et al., 2015). Lack of critical healthcare infrastructure stands as a major problem in the current system. Rural healthcare facilities operate with limited resources that make it difficult for them to offer basic healthcare services due to having insufficient staffing and equipment. Better-equipped healthcare facilities are inaccessible for women because the resource shortage restricts patients to travel extended routes thus creating dual financial and logistical issues. The study confirms other research which shows how poor healthcare infrastructure exists throughout rural areas of Nigeria (Fadare et al., 2020).

Socio-cultural elements directly influence how women and men access healthcare according to research findings. Society's continuing adherence to traditional gender norms together with cultural beliefs prevents women from independently performing healthcare choices. Public healthcare initiatives must combine traditional cultural practices with women's self-governance goals to support their healthcare needs. Providers of healthcare together with community leaders highlighted that society's cultural barriers need resolution by using both combined community participation and culturally suitable health services (Oluwole et al., 2021).

Stakeholders indicated insufficient coverage exists in healthcare policy as well as insufficient allocation of resources. Healthcare providers asked for enhanced training combined with better distribution of healthcare resources but community leaders stressed the necessity of cultural sensitivity during health services delivery. Studies show that rural Kwara State women need better healthcare along with health delivery systems which consider local cultural norms.

Community-based health initiatives alongside informal care systems act as key components to lessen healthcare accessibility problems. The implemented support systems remain important yet insufficient to replace the essential requirements for permanent healthcare system enhancement. The enhancement of healthcare access for rural women in Kwara State needs foundational work against structural roadblocks that include inadequate infrastructure and funding and traditional practices as well as sustained backing of community healthcare programs to equip women with knowledge and influence. Implementing healthcare improvements for rural women in Kwara State demands thorough action that fights against financial shortcomings and builds better infrastructure and social traditions. Improvements in healthcare facilities along with cultural sensitivity training and increased staffing will result in substantial decreases of healthcare inequality experienced by rural women in Nigeria.

5. CONCLUSION AND RECOMMENDATIONS

For rural Kwara State women to receive adequate healthcare service, multiple propositions must be implemented to eliminate their existing obstacles. Study results indicate that women in rural areas encounter three main barriers including socio-economic barriers and infrastructure issues and social-cultural barriers in receiving healthcare. The barriers prevent women from getting timely appropriate care and keep on maintaining health disparities that primarily impact underserved groups. A

thorough solution must tackle these obstacles through integrated actions between policy development and allocation of resources as well as community-based support and healthcare service system reforms.

Healthcare accessibility in rural areas faces substantial obstacles due to the expensive healthcare costs combined with insufficient financial capabilities of the population. Research participants showed how unaffordable healthcare restricts many women from receiving essential medical care which produces negative health conditions primarily affecting maternal and child health. Healthcare infrastructure deficiencies including unprepared medical facilities and shortages of health worker capabilities strongly diminish both service access and service quality. The status of rural women in health care is damaged by societal traditions that limit their freedom in health choices and block their entry to contemporary medical services. The removal of these obstacles demands dual support systems to match rural women's requirements along with infrastructure development and cultural changes that promote their health practices.

On the basis of the results of this study, the following recommendations are made to improve health care access for women living in rural Kwara State:

a. The government should provide standard contemporary reproductive healthcare services in rural communities so as to help rural women overcome reproductive challenges.
b. Every facility should be well equipped with the necessary equipment, and competent and qualified personnel i.e health workers, should be employed in order to ensure the proper and incessant functioning of quality healthcare service delivery.
c. Qualified health practitioners are to be employed on a regular basis to reduce the impact of the migration of medical personnel from the country.
d. The government should make a provision for the availability of obstetric ultrasound machines in those hospitals and their regular maintenance for effective functioning so that pregnant women will be able to take scans when they are due. Importantly, the equipment’s should be properly maintained.
e. Furthermore, contemporary reproductive healthcare services provided by the government should be less expensive and more affordable so that they can be accessible to rural dwellers, especially low-income earners. The government should also make antenatal care free or subsidized to the extent that it will be affordable for low-income households as an encouragement to have a high rate of utilization of antenatal care among rural women.
f. The government should make sure that the antenatal care programme is made available in every hospital in rural communities and is carried out regularly by the experts in the field.

Finally, a taskforce should be in charge to implement gender-informed public health policies centered on the special healthcare requirements of rural women, specifically addressing access to care through the lessening of financial barriers to care, and by providing health services, which are accessible and affordable. Effective healthcare delivery in rural areas requires collaboration between various stakeholders, including

government agencies, healthcare providers, community leaders, and non-governmental organizations. Through collaboration among these stakeholder categories, it can be achieved to create collaborative aspects of healthcare programs that incorporate social, cultural, and infrastructural determinants of access to care. Stakeholder interaction can also serve to promote the effective use of resources and to ensure health outreach programs

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Citation

Fakayode Tolushe Elizabeth and Fasoranti Olayiwola O (2025) Stakeholder's perspectives on the access of contemporary reproductive health care services by women in rural areas of kwara state. Nigerian Journal of Social Health 2 (2) 103 - 115