

Comparative Analysis of Rural and Urban Women Health Needs in Rivers State: Implication for Counselling

Maxwell Eremie & Bob-Manuel Ibifia

Department of Educational Foundations,
Faculty of Technical and Science Education, Rivers State University,
Nkpolu-Oroworukwo, Port Harcourt, Nigeria

ABSTRACT

The study was based on a comparative analysis of rural and urban women health needs in Rivers State: Implication for counseling. The study guided by three (3) research questions and three corresponding null hypotheses. The target population of the study consists of all the urban and rural women in Rivers State Numbering 2,526,690 by the 2016 census report. The purposive sampling technique was used to draw a sample of 600 women, 300 urban and 300 rural women. Women health needs assessments scale (WHNAS) was the instrument used for data collection. The face and content validity of WHNAS was determined by experts in the department of guideline and counseling and test experts. While the reliability was determined through the internal consistency method with Cronbach Alpha which yielded an alpha level of (a) 0.68 at 0.05 level of significance. Data collected from this instrument was analyzed with mean for the research questions and Z-test statistic for the null hypotheses. Result revealed that a significant difference exists between Rural and Urban women regarding stress and depression, reproductive health needs and health information needs. Based on the findings, it was recommended amongst others that government should employ counselors at the local government level who will work in collaboration with health workers to enlighten rural women on the need to access health facilities. Government should also ensure that health facilities are evenly distributed among rural and urban communities as one of her social responsibilities, counselors should be employed at every local government area to cater for the counseling health needs of women and others who many need then.

Keywords: Health, needs, rural women, urban women, counseling

INTRODUCTION

Sound health is a fundamental requirement for living a socially, economically, mentally and psychologically productive life. Poor health inflicts great hardship on individuals, debilitation, substantial monetary expenditure and eventual loss of life. One of the most important decisions taken at the Beijing declaration and platform for action was the recognition and limelight on the right of women to enjoy the highest attainable standard of physical and mental health. Most women in Rivers State live in the rural areas where resources and infrastructure are scarce. Through primary health care centers in Rivers State are relatively uniformly distributed throughout all the local government areas across the state, the rural women seem to underuse the basic health services. By 2016 census reports, the population of Rivers State was estimated at five million, one hundred and ninety-eight thousand seven hundred and sixteen (5, 198,716). The same source put the population of women in Rivers state at two million, five hundred and twenty-five thousand, six hundred and ninety (2, 525, 690): (source, Rivers State, population and location maps and charts). Most of these women dwell in the rural areas. Out of the 23 local government areas in Rivers State only two are regarded as urban settlements, these are, Obio-Akpor and Port Harcourt city local government areas. The rest of the women population dwell in the rural areas. Rural women are not homogenous in nature, they reside in rural areas that are diverse in their geography, economic base, demographics and development. The urban and the rural woman have differing health needs, although there is dearth of research concerning the health needs of urban/rural women in Rivers State, this study

sort to compare the health needs of women in these categories of dwelling in Rivers State. The research's interest was ignited to undertake this study by what she observed that, women within same age category in the rural area look older more stressful and depressed compared to their counterparts in the urban areas. Maternal health problems are also common among the rural women, such as high rates of infant mortality, maternal mortality, and increased fertility rate among rural women than urban women. Having observed all these, the researcher concluded that there must be reasons for all these variations and decided to compare the health needs of the urban\ rural women in Rivers State empirically.

Most of the rural women lack awareness of the need for medical care, one major explanation of this observation is lack of information. Rural women lack adequate access to sources of information and literacy to meet their health information needs. Accurate and timely information is needed to make informed choices to access health care system. Preventive services were perceived by rural women as unnecessary due to community values that discourage their use due to inadequate information.

Stressful life events that are unique to rural environments have linked to feelings of depression and worthlessness in many rural communities. High levels of stress may be the result of limited access to the resources required to meet both personal and interpersonal needs (Wilkinson in Brooks 2014).

Fertility rates are higher among rural urban women, although this pattern is not consistent across all racial ethnic groups. There is a greater proportion of births occurring to teenage mothers in rural versus urban areas.

Rural women are also less likely than urban women to have elective abortions (Reed in Brooks, 2014). Rural women are beset with many health concerns, often than urban residents in general. When compared to urbanites, ruralites suffer from higher incidents of chronic illness and experience more disability and morbidity related to diabetes, Cancer, hypertension, heart disease, stroke, and early disease. This may partially be due to ruralites lack of knowledge about early detection and prevention measures. Duellberg in Oshi women did. Therefore, many health problems are in advanced stages by the time rural women seek out medical care, resulting in poorer prognoses.

Moreover, rural women who diagnosed with breast cancer are less likely to be offered breast conserving treatment options (including reconstruction) and significantly more likely to undergo radical mastectomy than women, despite the medical availability of other, less disfiguring procedures (John, in Brooks, 2014). Maternal health problems are particularly acute for rural women. Fetal, Infant and Maternal mortality are disproportionately high in rural areas (United States Congress, Office of Technology Assessment, Hughes & Rosenbaum in Titus 2015) Over half a million rural residential live in counties that are without a physician trained to deliver obstetric care. The lack of medical specialists means that rural women are more likely to receive obstetric care from family practitioners than from obstetricians.

Adam (2009) in his study of information needs and information seeking behavior of rural women in Borne State, observed that health information constitute 20 percent of the information needs of rural women, and the paramount health information required were anti-natal and post-natal care, immunization especially in the six childhood killer diseases, how to prevent and manage vascular virginal fistula, and to secure safe child delivery, the rural women in this study also reported that they needed information on how to prevent and control epidemics diseases especially cholera and meningitis which were rampant in the area. The study further indicated that the rural women used five main sources of information: government and its agents, elite groups, relatives and friends, market women and non-governmental organizations (NGOs,) with an indication that the major sources are informal.

In a related study Williams and Monday (2010) in their investigation of women's health information needs and information sources: a study of rural oil palm business community in South-Western Nigeria revealed that the rural women relied on traditional sources for health information, they practiced self-medication guided by prior diagnosis and visited hospital only when their illnesses went out of hand. They observed an intriguing referral practices from modern to traditional healers, they have low conspicuousness about HIV\Aids and poor knowledge about behavioral aspects of illnesses. The long distance to general hospitals and the exorbitant fees charged by the private hospitals discouraged their use of modern facilities.

Titus, Adebisola and Adeniji (2015) in their study of health-care access and utilization among rural households in Nigeria, found out that, 48% of respondents have access to health care services while only 42.50% utilize these services. About 40.5% of the respondents travel 5-9km before accessing health care facilities. Accessibility indices reveal unequal access to modern health facilities in the study area. Rural women suffer from the hazards of employment specific to rural environments, in a study of the cancer risks related to agriculture exposure among females, McDuffie in Titus et al (2015) found excesses of non-Hodgkin's lymphoma, leukemia, multiple myeloma and cancers of the breast, ovary, lung, bladder, and cervix. Secondary exposure to agricultural chemicals by laundering the clothing of agriculture workers also poses considerable risk to women (Grieshop, Villanueva & Stiles in Titus et al, 2015). From available literature we can see that the rural woman is besieged with a catalogue of health –related issues compared to her urban counterpart. It is not yet clear if these problems are universal in nature or peculiar to some areas, nations or states. Given the differing health needs of the urban and rural woman from different parts of the world, the researcher decided to embark on an empirical investigation to ascertain the validity of these claims to the rural and urban women in Rivers State, it is against this background that the researcher conceived the idea to embark on this study.

1.2 The Purpose of the Study

The main purpose of this study is to do a comparative analysis of rural and urban women health needs in Rivers State: Implication for counseling, Specifically, the study sets out to achieve the following;

1. Investigate the level of depression and stress between rural and urban women in Rivers State.
2. Examine the reproductive health needs of rural and urban women in Rivers State.
3. Determine the urban information needs or rural and urban women in Rivers State.

1.3 Research Questions

The following researches questions guided the study,

1. To what extent are the rural women different from the urban women regarding depression and stress in Rivers State?
2. What are the differences in reproduction health needs of rural and urban women in Rivers State?
3. To what extent are the rural women different from the urban woman regarding health information needs in Rivers State?

1.4 Hypotheses

The following null hypotheses were formulated to give bearing to the study

1. There is no significant difference in level of depression and stress between rural and urban women in Rivers State.
2. There is no significant difference in reproductive health needs of rural and urban women in Rivers State.
3. No difference exists between rural and urban women Rivers State regarding health information needs.

1.5 METHODOLOGY

The research design adopted for the study was the comparative survey design. Nwankwo, 2013) says any study which is designed to distinguish between, or among more events, is comparative in nature. Also, that which compares one or more variables for two or more categories is comparative design. The researchers are convinced that this study ‘was most suitable with the use of comparative survey design. The target population of the study consists of all the women in Rivers State dwelling in urban and rural areas. By the census report of 2016, the population of women in the State was 2,525, 690 across the 23 local government areas of the State.

The purposive sampling method was adopted with special consideration to the different characteristic of the state, such as Upland\Riverine to choose 6 local government areas from the 23 Local Government Areas of the State which constitute about 30% of the total. The 2 Urban Local Government Area (PHALGA and OBIO-AKPO) were chosen along 4 others for the study, Out of the six local government areas chosen, 300 Rural and 300 Urban women were randomly chosen for the study bringing the total sample to 600 women. The instrument used for data collection was tagged “Women Health Needs Assessment Scale” (WHINAS). Face and content validity of the instrument was established by experts in the field of gridline and counseling and test experts from the Rivers State University and the University of Port Harcourt. The reliability of the instrument was determined through the internal consistency method. Thirty (30) women from the sampled local government areas were administered WHNAS through a simple random sampling technique once. Scores obtained were subjected to Cronbach alpha statistic and it yielded an alpha of $\alpha = 0.68$ thus the reliability of WHNAS was ensured. The direct delivery method (DDM) otherwise known as the face to face method of administration of instrument was used to administer the questionnaire.

The research questions were answered with criterion mean determined by the researcher while the three (3) null hypotheses were tested at 0.05 level of significance with the Z-tested statistic.

PRESENTATION OF RESULTS/DISCUSSION

Research Question 1: *To what extent are the rural women different from the urban women regarding depression and stress in Rivers State?*

Table 1: Mean Scores of Rural and Urban Women responses on depression and stress.

S/N	Items	N	Urban Women							Rural Women							
			SA=4	A=3	D=2	SD=1	$\sum f(x)$	X	Decision	N	SA=4	A=3	D=2	SD=1	$\sum f(x)$	X	Decision
1.	I don't feel hopeful about my life	300	30	28	120	22	468	1.5	Disagree	300	184	52	50	14	1006	3.3	Agree
			120	84	240	22					736	156	100	14			
2.	I seem to worry all the time.		150	89	33	28	961	3.2	Agree		108	115	75	2	929	3.0	Agree
			600	267	66	28					432	345	150	2			
3.	I been feel sad lately		33	88	120	59	695	2.3	Disagree		58	120	88	34	802	2.6	Agree
			132	264	240	59					232	360	176	34			
4.	I am so worried about my physical problems' that I can't think about anything else		188	72	35	5	1043	3.4	Agree		115	128	50	7	951	3.1	Agree
			752	216	70	5					460	384	100	7			
5.	I am stressed and agitated		175	34	66	25	961	3.2	Agree		98	152	30	20	928	3.0	Agree
			700	104	132	25					392	456	60	20			
Total		300	Grand Mean Total =					2.7		300	Grand Mean Total =					3.0	

The data in Table 1 showed that the mean score for both rural and urban women were higher than the criterion mean in all items save items 1 and 3 which showed 1.5 and 2.3 below the criterion mean for both indicating absence of need. The grand mean for the urban women showed 2.7 while that of their rural counterparts indicated 3.0 both means were above the set criterion mean. This means that both urban and rural women suffer depression and stress.

Research Question 2: *What are the differences in reproductive health needs of Rural Urban Women in Rivers State?*

Table 2: Mean Scores of Urban and Rural Women response regarding reproductive health needs.

S/ N	Items	N	Urban Women							Rural Women							
			SA= 4	A= 3	D= 2	SD= 1	∑f(x)	X	Decisio n	N	SA= 4	A= 3	D= 2	SD= 1	∑f(x)	X	Decisio n
1.	Since I stopped menstruation, I can't understand myself	300	10 40	21 42	120 240	149 149	471	1.5	Disagree	300	85 340	102 306	65 130	48 48	824	2.7	Agree
2.	Immunization makes children sick I can't subject my children to it.		55 220	20 60	152 304	73 73	657	2.1	Disagree		138 552	112 338	33 66	17 17	971	3.2	Agree
3.	I had all my children with the native midwife.		50 200	32 96	130 260	88 88	644	2.1	Disagree		206 824	82 246	8 16	4 4	1090	3.6	Agree
4.	I have never done any test on cancer.		200 800	85 225	11 22	4 4	1081	3.6	Agree		285 1140	12 36	2 4	1 1	1181	3.9	Agree
5.	I have never attended antenatal the native midwife takes care.		8 32	12 35	150 300	130 130	498	1.6	Agree		105 420	82 246	72 144	41 41	851	3.2	Agree
Total		300	Grand Mean Total =					2.1		300	Grand Mean Total =					3.2	

The data in table 2 showed that all the items on reproductive health needs for urban women and the grand mean score were above the criterion mean save item 4 where urban women agreed with the rural women that they have never done any test on career with a mean of 3.6 for the urban women and 3.9 for the rural women are different to a large extent in reproductive health needs.

Research Question 3: *To what extent are the rural women different from the urban women regarding health information needs?*

Table 3: Mean Scores of Urban and Rural women responses on health information needs of women.

S/ N	Items	N	Urban Women							Rural Women							
			SA= 4	A= 3	D= 2	SD= 1	∑f(x)	X	Decisio n	N	SA= 4	A= 3	D= 2	SD= 1	∑f(x)	X	Decisio n
1.	I don't know anything about family planning	300	5 20	15 45	60 120	220 220	385	1. 2	Disagre e	300	253 1012	42 126	2 4	3 3	1145	3. 8	Agree
2.	I am not aware of the diseases common to women		10 40	50 150	115 230	125 125	545	1. 8	Disagre e		165 660	130 390	1 2	4 4	1056	3. 5	Agree
3.	I don't know about immunization		8 32	12 36	72 144	208 208	420	1. 4	Disagre e		250 1000	42 126	3 6	5 5	1137	3. 7	Agree
4.	I don't know about antenatal		5 20	15 45	50 100	230 230	395	1. 3	Disagre e		295 1180	2 6	- 0	3 3	1189	3. 9	Agree
5.	I have not heard of postnatal before		7 28	11 33	42 84	240 240	385	1. 3	Disagre e		260 1040	30 90	4 8	6 6	1144	3. 8	Agree
Total		300	Grand Mean Total =				1. 4		300	Grand Mean Total =				3. 7			

The data in Table 3 showed that, the mean score on all that items for the urban women and their grand mean is below the criterion mean, while that of their rural counterparts in all the items and their grand mean is far above the criterion mean. This indicates that the rural women have a need for health information than their urban counterparts. Thus, the answer to research question 3 is Rural and Urban women are different to a large extent regarding health information needs.

Hypothesis 1: There is no significant difference in level of depression and stress between rural and urban women in Rivers State

Table 4 Z-test of differences between the responses of Rural and Urban women regarding depression and stress needs.

Respondents	N	X	S.D	D.F	P	Z-Cal	Z-Crit	Decision
Urban Women	300	2.7	0.89					
				598	0.05	3.57	1.96	Reject
Rural Women	300	3.0	1.12					

Result in table 4 reveals that the calculated Z-test value of 3.57 is higher than the critical value of Z (1.96) with 598 degrees of freedom at 0.05 level of significance of the alternate hypothesis.

Hypothesis 2: There is no significant difference in reproductive needs of rural and urban women in Rivers State.

Table 5: Z-Test of Difference between urban and rural women regarding reproductive health

Respondents	N	X	S.D	D.F	P	Z-Cal	Z-Crit	Decision
Urban Women	300	2.1	0.72					
				598	0.05	9.65	1.96	Reject
Rural Women	300	3.2	1.8					

The result in table 5 shows the calculated Z-test value of 9.65 is higher than the critical value of Z (1.96) at 0.05 level of significance with a degree of freedom of 598. This therefore calls for the rejection of the null hypothesis and acceptance of the alternate hypothesis.

Table 6: Z-test of difference between urban and rural women regarding health information needs.

Respondents	N	X	S.D	D.F	P	Z-Cal	Z-Crit	Decision
Urban Women	300	1.4	0.62					
				598	0.05	18.25	1.96	Reject
Rural Women	300	3.2	2.1					

The result in table 6 clearly shows that the calculated Z-test value of 18.25 is far higher than the table value of Z (1.96) at 0.05 level of significance with a degree of freedom of 598, this calls for the rejection of the null hypothesis and the acceptance of the alternate hypothesis.

DISCUSSION OF FINDINGS

Rural/Urban Women Regarding Depression and Stress

The result in table 1 and 4 showed that the urban and rural women indicated signs of depression and stress from their response pattern to items 1 and 3, both responses on these items were below the criterion mean although the urban women had a lower grand mean score. However, when this mean difference was subjected to Z-test statistics, it was found to be statistically significant, this means that, rural and urban women differed significantly in their level of depression and stress. This finding was not surprising but expected because life in the rural areas is stressful characterized by hardship, lack of social amenities and hard labour leading to depression.

This finding is in positive connotation with the findings of Wikinson in Brooks (2014) who in his study of rural communities discovered that stressful life events that are unique to rural environments have been linked to feelings of depression and worthlessness in many rural communities. He believes that high

levels of stress may be the result of limited access to the resources required to meet both personal and inter personal needs. In agreement with this Hauenstein & Boyd in Adam (2009) says in general the rural economy tends to be unfavourable to women.

Rural/Urban Women Reproductive Health Needs

Table 2 and 5 shows that the mean score on reproductive health needs of rural and urban women indicated a need towards the Rural women a higher mean score. It was statistically proven that a significant difference exists in the reproductive health needs of rural and urban women when the mean differences was subjected to Z-test, this result is also not surprising but expected as there is more awareness about health-related issues among urban women than rural women. Urban women are more exposed to health facilities than the rural women in Rivers State, most the interior villages and fishing settlements lack health facilities to cater for the reproductive health needs of these women. They depend mostly on the local midwives for their reproductive health needs. This result however is in line with the findings of Flora et al in Titus et al (2015) who discovered in their study of rural and urban women that, fertility rates are higher among rural than urban women, although this pattern is not consistent across all racial and ethnic groups. They also discovered that there is a greater proportion of birth occurring to teenage mothers in rural areas. In the same vein the findings of this study also agree that of Duelberg in Oshi (2009) who reported that rural women had PAP smears less often than he urban did. Therefore, many health problems are in advanced stage by the time rural women seek out medical care, resulting in poorer prognoses. John in Brooks, (2014) also discovered that rural women who are diagnosed with breast cancer are less likely to be offered breast conserving treatment options and significantly more likely to undergo radical mastectomy than urban women, despite the medical availability of other less disfiguring procedures.

Rural/Urban Women Health Information Needs

Table 2 and 6 shows that the mean score of rural women on health information needs is higher than that of their urban counterparts. When this mean difference was subjected to Z-test, it was proven with statistical evidence that there is a significant difference between rural and urban women regarding health information need. This finding was expected and not surprising as most rural women lack awareness of the need for medical care, one major explanation of this observation is lack of information. This finding agrees with that of Adam (2009) who in his study of information needs and information seeking behaviour of rural women in Borno State observed that, health information constitute 20% of the information needs of rural women, and the paramount health information required were ante-natal and post-natal immunization especially in the six childhood killer diseases, how to prevent and manage vascular virginal fistula and how to secure safe child delivery. The rural women also reported in this study that they needed information on how to prevent and control epidemics diseases especially cholera and meningitis which were rampant in the area. The finding is also in consonance with the findings of Williams et al (2010) who found out in their investigation of women's health information needs information sources: a study of rural oil palm business community in southern Nigeria that, the rural women relied on traditional sources for health information, they practiced self-medication guided by poor diagnosis and visited hospital only when their illness went out of hand, they have low consciousness about HIV/AIDS and poor knowledge about behavioural aspects of illness compared to their urban counterparts. The findings of this study are also in tune with that of Titus et al (2015) in their study of health-care access and utilization among rural households in Nigeria revealed that 48% of respondents have access to health care services while only 42.50% utilize these services. About 40% of the respondents travel 5-9km before accessing health care facilities. Accessibly indices revealed unequal access to modern health facilities in the study area.

CONCLUSION

Sequel to the findings of this study the following conclusions were drawn;

1. Both Urban and Rural women agreed on items 1 & 3 on the depression and stress sub section indicating proneness to stress and depression but varied responses on all other items. But the grand mean

of the Rural women was higher than the criterion mean and that of their Urban counterparts. This was statistically significant when tested with z-test with proofs.

2. The grand mean score of the Rural women was higher than that of their Urban counterparts. This was statistically proven significant when tested with Z-test with statistical proofs.

3. Rural women also had a higher mean score above the criterion mean and that of their Urban counterparts indicating health information need for the Rural women. This was statistically significant when subjected to Z-test with statistical proofs.

Implication of the Study to Counseling

Sequel to the findings of this study, the following implications for counseling were deduced.

Counseling is for all says one of the principles of counseling, if this is the case as a community development project, counselors should launch out into the community to enlighten women about the need to take care of their health needs and how to access health facilities. In the same vein offer counseling services where necessary.

Counseling in Nigeria has allowed so much in the classroom, the counseling Association of Nigeria (CASSON) and Association of professional counselors in Nigeria (APROCON) should work in harmony with the Government to advocate the employment of counselors in different local government areas to help women and other individuals who may need their services. Counsellors as a matter of responsibility should learn different counseling skills, techniques and therapies that will assist people overcome depression and stress, especially in the local communities, and disseminate health information in the rural areas.

RECOMMENDATION

Based on the findings, discussion and implications of the study to counseling the researcher made the following recommendation.

1. Government should employ counselors at the local government level who will work in collaboration with health workers to enlighten rural women on the need to access health facilities within their environment and give psychological help where necessary

2. Government should ensure that health facilities are evenly distributed among rural and urban communities as one of her social responsibilities.

3. Local, state and federal government health ministry\ departments should intensify campaign to reach out to the Rural women on how best to access the medical facilities within their domain and the dangers involved in patronizing quacks and local midwives.

REFERENCES

- Abdulraheem, I. S. Oladipo. A.R. & Amodu, M, O. (2012) Primary Health Care Services in Nigeria. Critical Issues and Strategies for Enhancing the use of by Communities *Journal of Public. Health and Epistemology*, 4(1) 5-13.
- Adam, G.s (2009). Information Needs and Information Seeking Behavior of Rural Women in Borno State, Nigeria Library Philosophy and Practice. *E-journal* Available at <http://www.Lindaraarticles.com/p/article/m.7005/is-2009 June\ai-n35563260v>.
- Akinade, E.A (2005), Dictionary of Guidance & Counseling (Counseling Psychology) Ibandan: Olu. Akin Publisher Brooks E, N, Bryon, B & Shore, J (2014) Rural Women Veterans Demographic Report: Defining VA Users Health and Healthcare Access in Rural Areas. *The Journal of Rural Health.* 30 (2) 146-152.)
- Enemuoh, E,U (2013). Improving the Reproductive Status of Rural Women Umunze in Onimba South of Anambra State, Nigeria, *Mediterranean Journal of Social Services* 3(7) 67-72.
- Fadeyi, A.O & Oduwole, T.A(2016). Effect of Religion on Reproductive Health Issues in Nigeria. *Internal Journal of Innovative Health Care Research* 4(1) 17-33.

- Federal Ministry of Health (2008). Health Financing Policy. FMOH, Abuja, Nigeria Hackney, H & Cormier, S (2005). *The Professional Counselor: A Process Guide to Helping*. Fifth Edition. Boston Education, Inc.
- James, G (2017). Adolescent's Sexual and Reproductive Health Challenges in Northern Nigeria. Road Map to Effective Interventions. *International Letters of Social and Humanities Sciences* vol. 24, p 1-11.
- Nwankwo, O.C (2013) a Practical Guide to Research Writing for Students of Research Enterprise.(Revised fifth Education). Port Harcourt: University of Port Harcourt Press Ltd.
- Oluwakemi, A.A (2013). Women and Reproductive Health Rights in Nigeria. *Odia Internal Journal of sustainable development* 6 (5) 127-140.
- Oshi, D.C (2009) Rural Women and the Financing of Health Care in Nigeria. A thesis Submitted to the Institute of Social Studies, the Hague, the Netherland.
- Titus, O.B, Obisesan, A.A &Aromolaran, A (2015). Health-care Access and Utilization Among Rural Household in Nigeria, *Journal of Development and Agriculture Economic* 7(5)195-203.
- Uzoeshi, K.C (2013), Guidance and Counseling Foundations and Practices Port-Harcourt, Harey, Publications Cop.
- Willaims E.N & Monday, A (2011) Women's Health Information Needs and Information Sources a Study of Rural Oil Palm Business Community in South Western Nigeria. *Annals of library and information study* Vol 58, 270-280.
- Women's Reproductive Rights in Nigeria: A Shadow Report. [http://www, reproductiverights. Org/](http://www.reproductiverights.org/) Retrieved 18th January 2018. Washington DC. World Bank.
- World Health Organization(2015). Women and Albs Agenda for Action. Geniva Who. In Collaboration with the National Development Programmes and the United Nations Secretariat, Department for Policy Coordination and Sustainable Development Division for the Advancement of Women.
- World population Monitoring (1996). Selected Aspects of Reproductive Rights and Reproductive Health. New York: Population Division.