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Patriarchal Norms and Women Access to Reproductive Healthcare Services in Benin City, Nigeria

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Abstract. This study examined the effect of patriarchal norms on women access to reproductive healthcare services in Benin City, Edo State. The specific objectives are to assess the degree to which patriarchal norms influence women's autonomy in making decisions about reproductive healthcare in Benin City, Edo State; to determine the main barriers associated with patriarchal norms that restrict women's access to reproductive healthcare services in Benin City and to investigate how women and men perceive the influence of patriarchal norms on women's reproductive health outcomes in Benin City.The population for this inquiry encompasses women within the reproductive age bracket (15-55 years) who reside in Benin City. Also married men were allowed to participate in this study. and the sample size of this study was 100 respondents and random sampling technique was adopted to select the respondents. The study adopted descriptive statistics (frequency, percentages and tables) and inferential statistics (p-value, t-value, F-statistics and Levene's Test) as its major statistical tools for data analysis. The analysis established that patriarchal norms has significant effect on autonomy of women in making decisions concerning reproductive healthcare in Benin City, Edo State and that no significant difference exists in perceptions between women and men concerning patriarchal norms' role in women's reproductive health outcomes in Benin City.Finally, the study recommends that there should be community engagement by engaging men and community leaders in educational programmes to challenge patriarchal norms and promote shared reproductive health decision-making and that there should be policy and legal reforms to Strengthen legal frameworks to ensure women's reproductive rights and autonomy, while tackling socioeconomic and political inequalities that impede care access.

Keywords: Patriarchal Norms, Reproductive Healthcare, Women's Autonomy, Decisions Making.

1. Introduction

Maternal and reproductive health issues continue to be a major public health concern in Nigeria, as ingrained sociocultural factors continue to impede women's access to reproductive healthcare treatments. Maternal death rates are still high despite attempts to enhance healthcare policies and infrastructure, especially in areas where gender roles and decision-making are heavily influenced by patriarchal norms (Oluwole et al., 2025). These patriarchal systems frequently deny women in Benin City, Edo State, the freedom to make decisions about their reproductive health and the access to necessary services including family planning, prenatal care, and professional birth attendance. In this urban Nigerian context, a complex barrier that compromises women's reproductive health outcomes is created by the junction of cultural expectations, male authority in household decisions, and inadequate female empowerment. (Al-Mujtaba et al., 2020; Tukura & Suleiman, 2024)

Patriarchal norms refer to social systems where men hold primary power and predominate in roles of political leadership, moral authority, social privilege, and control over property, often relegating women to subordinate positions (Tukura & Suleiman, 2024). Male dominance over financial resources, decision-making power over health issues, and cultural customs that restrict women's mobility and agency are only a few examples of how these norms appear in Nigeria (Al-Mujtaba et al., 2020). HIV prevention, safe delivery services, contraceptive use, prenatal and postnatal care, and other interventions vital to women's health are all included in reproductive healthcare services (Acquah et al., 2023). Utilisation

of these services is still below ideal, nevertheless, especially in cases where patriarchal factors limit women's autonomy to seek care or discuss the use of contraceptives (Oluwole et al., 2025; Tukura & Suleiman, 2024).

In Nigeria and other similar African contexts, prior research highlights a strong correlation between women's access to reproductive healthcare and patriarchal practices. For instance, research indicates that women in patriarchal families are less likely to give birth in medical facilities or use modern contraceptives because male partners have more financial and decision-making authority (Al-Mujtaba et al., 2020, Acquah et al., 2023). Furthermore, educational assortative mating, in which the educational attainment of women and their partners influences healthcare use, demonstrates how gender- and education-shaped household power dynamics impact reproductive health outcomes (Alawode, 2025). By upsetting social structures and healthcare access, conflict and displacement make these issues worse and frequently make women more susceptible to negative consequences related to their sexual and reproductive health (Ngwibete et al., 2023). According to studies conducted in northern Nigeria and other areas, women's reproductive autonomy and healthcare use are restricted by the intersection of patriarchal norms with systemic, cultural, and economic restrictions (Al-Mujtaba et al., 2020; Nmadu et al., 2020).

This study aims to investigate how patriarchal norms specifically affect women's access to reproductive healthcare services in Benin City, Edo State, a setting characterised by distinct cultural dynamics and urbanisation pressures that have not received enough attention in the literature so far. Localised research is required to comprehend how deeply ingrained gender norms function in this context and to find focused interventions that can improve women's reproductive autonomy, even though national data offer broad insights. The study intends to help policy creation that addresses gender disparities and fosters fair access to healthcare services for women in Edo State by investigating these dynamics and contributing to Nigeria's larger sexual and reproductive health agenda.

1.1 Statement of the Research Problem

These patriarchal norms manifest in various ways, including control over financial resources, mobility restrictions, and social pressures that discourage women from openly discussing or negotiating reproductive health matters (Tukura & Suleiman, 2024; Vilier & Groot, 2025). Consequently, women’s reproductive autonomy is compromised, which directly impacts their health outcomes and well-being. Control over financial resources, limitations on movement, and social constraints that prevent women from freely discussing or negotiating reproductive health issues are just a few examples of how these patriarchal norms appear (Tukura & Suleiman, 2024; Vilier & Groot, 2025). Women's reproductive autonomy is thus violated, which has an immediate effect on their health and general well-being.

Despite continuous efforts to upgrade reproductive healthcare facilities in Nigeria, deeply ingrained patriarchal norms that restrict women's autonomy and decision-making power significantly impede their access to these services. In Benin City, Edo State, women are often prevented from seeking and using reproductive healthcare on their own by cultural norms and male-dominated household structures. This results in unmet family planning needs, low contraceptive use, and high maternal mortality (Vilier & Groot, 2025; Oluwole et al., 2025).

According to earlier research, patriarchal systems affect pregnant women's psychological health and health behaviours in addition to restricting their access to healthcare facilities, which exacerbates adverse health outcomes (Agbo & Esmaeilzadeh, 2024; Opara et al., 2025). For instance, it has been demonstrated that war exposure and patriarchal rule in Northern Nigeria impact women's decision-making around family planning and condom use, leading to a rise in unmet reproductive health requirements (Vilier & Groot, 2025). Similar to this, patriarchal cultural patterns have been associated with lower use of maternal health services, as observed among Igala women, whose societal norms and beliefs prevent formal healthcare seeking (Opara et al., 2025). These results highlight the pervasive impact of patriarchal norms on reproductive health access and outcomes across diverse Nigerian contexts.

Furthermore, enhancing reproductive health in Nigeria is made more difficult by the interaction of structural obstacles including a lack of suitable healthcare infrastructure and limited women's empowerment with patriarchal norms (Maduka et al., 2023; Tukura & Suleiman, 2024). Higher utilisation of reproductive health services and more positive attitudes about giving up harmful practices like female genital mutilation have been linked to women's empowerment indicators, such as education and healthcare decision-making power (Leasure et al., 2022). The necessity for localised study to comprehend how these norms directly affect women's health in Benin City is highlighted by the fact that patriarchal views continue to impede these gains in many communities.

This study aims to close this gap by examining the precise ways in which patriarchal norms impact women's access to reproductive healthcare services in Edo State. This is because women's reproductive health outcomes are consistently impacted by patriarchal norms, and Benin City's distinct sociocultural environment has received little attention. It is essential to comprehend these dynamics in order to create culturally aware interventions and policies that support women's autonomy, increase healthcare use, and eventually improve reproductive health outcomes in this area.

1.2 Research Questions

In what ways do patriarchal norms shape women's autonomy in decision-making concerning access to reproductive healthcare services in Benin City, Edo State?
What are the specific barriers connected to patriarchal norms that impede women's use of reproductive healthcare services in Benin City?
How do women and men in Benin City perceive the impact of patriarchal norms on women's reproductive health outcomes?

1.3 Research Objectives

The main objective of the study is to examine the effect of patriarchal norms on women access to reproductive healthcare services in Benin City, Edo State. The specific objectives are:

- to assess the degree to which patriarchal norms influence women's autonomy in making decisions about reproductive healthcare in Benin City, Edo State;
- to determine the main barriers associated with patriarchal norms that restrict women's access to reproductive healthcare services in Benin City and;
- to investigate how women and men perceive the influence of patriarchal norms on women's reproductive health outcomes in Benin City.

1.4 Research Hypotheses

H_{01}: There is no significant relationship between patriarchal norms and autonomy of women in making decisions concerning reproductive healthcare in Benin City, Edo State.
H_{02}: There is no significant difference in the perceptions of both women and men regarding the role of patriarchal norms in shaping women's reproductive health outcomes in Benin City

2. Literature Review

2.1 Concept of Patriarchy

Patriarchy is commonly understood as a social system where men possess dominant power and authority, particularly in political leadership, moral influence, social privileges, and property control, while women are generally placed in subordinate roles (Tukura & Suleiman, 2024). Within the Nigerian setting, patriarchy is deeply rooted in cultural, religious, and social frameworks, influencing gender relations and power structures at both household and community levels (Iyke-Ibe & Ogele, 2023). This system favours male dominance over female autonomy, especially in family, marriage, and health-related decision-making. In Nigeria, patriarchal norms are evident in practices such as men's control over financial assets, limitations on women's freedom of movement, and societal expectations that women prioritize domestic and reproductive responsibilities over their personal independence (Alliyu, 2016).

Studies conducted in Southwest Nigeria reveal that patriarchy institutionalizes gender disparities by prioritizing men's labour and societal roles over those of women, both within families and in wider social production (Alliyu, 2016). This gender imbalance is perpetuated not only by men but also by women who conform to traditional roles, thereby maintaining existing power structures. Likewise, in Rivers State, patriarchal cultural norms contribute to domestic violence and the marginalization of women in private and public spheres, demonstrating how male dominance extends beyond the family to influence governance and societal development (Iyke-Ibe & Ogele, 2023). These patriarchal frameworks are reinforced through cultural rituals, marriage traditions, and religious doctrines that often legitimize male authority and female submission (Ademiluka, 2021).

For instance, in Nigerian marriages, the practice of bride price has been linked to fostering a perception of husbands' ownership over their wives, which can lead to marital conflicts and abuse (Ademiluka, 2021). This reflects a wider societal pattern where women's rights and independence are restricted by normative expectations that designate men as household heads and principal decision-makers. Widows in many Nigerian communities endure degrading rituals and rights violations rooted in patriarchal customs, such as disinheritance and forced remarriage, further illustrating how patriarchy systematically shapes women lived realities (Ezejiofor, 2011).
In summary, patriarchy in Nigeria is a complex system that permeates social, economic, and political spheres,

sustaining gender inequalities through both explicit actions and implicit cultural norms. Gaining insight into these manifestations is essential for addressing the ways patriarchal norms specifically hinder women's access to reproductive healthcare and negatively impact their overall health outcomes.

2.2 Theoretical Framework: Feminist Theory, Gender and Power Relations

Feminist theory presents a comprehensive framework for examining how gender and power relations are socially constructed and perpetuated within patriarchal systems, significantly influencing women's experiences and their access to resources like reproductive healthcare. A fundamental aspect of feminist thought is the recognition that gender is relational rather than fixed or categorical, indicating that power dynamics between men and women are fluid and embedded within social, cultural, and institutional contexts (Gill, 2001). This relational approach stresses that gender intersects with other identities such as race, class, and ethnicity, which intensify experiences of both oppression and privilege. Within feminist theory, power relations are understood not only through overt domination but also through subtle cultural norms, language, and institutional practices that regulate behaviour and sustain male privilege (Guizardi et al., 2022). For instance, patriarchal systems are reflected in societal expectations that restrict women's autonomy, particularly in areas like sexuality and reproductive health, where women's bodies become focal points of control and regulation (Li, 2024). Feminist scholars contend that these power imbalances are upheld through both explicit mechanisms such as laws and policies and implicit ones including socialization and cultural narratives.

Connell's Theory of Gender and Power, widely utilized in health research, elucidates how gendered power disparities impact sexual and reproductive health outcomes by influencing decision-making authority, resource control, and social norms (Oluwadare et al., 2024). This theory underscores the structural aspects of power that affect women's capacity to negotiate safe sex, access contraception, and obtain healthcare services. For example, research in Southwest Nigeria revealed that despite some awareness of sexual and reproductive health (SRH) rights among youth, gendered power inequalities remain, with males typically exerting greater control over condom use decisions and females experiencing social stigma when initiating such conversations (Oluwadare et al., 2024).

Additionally, feminist theory highlights the significance of agency and resistance within patriarchal settings. Studies on women's political resistance, such as the case of sexless marriage in Japan, demonstrate how women challenge and negotiate dominant gender norms to reclaim autonomy over their bodies and choices (Tsuji, 2018). This illustrates feminism's proactive dimension, which not only critiques existing power imbalances but also aims for transformative change by empowering women to subvert oppressive structures.

In summary, feminist theory offers a critical perspective for understanding how patriarchal power relations shape women's access to reproductive healthcare by constraining their autonomy and reinforcing gender inequalities. It emphasizes the necessity of interventions that address both structural and cultural facets of power to advance gender equity in healthcare.

3. Methodology

This investigation utilized a quantitative research methodology, specifically employing a descriptive survey research design. The descriptive survey approach was considered suitable for this study as it permits the systematic gathering and examination of data necessary to explain the characteristics, attitudes and perceptions of women concerning patriarchal norms and their access to reproductive healthcare services in Benin City.

The population for this inquiry encompasses women within the reproductive age bracket (15-55 years) who reside in Benin City. Also married men were allowed to participate in this study. Eligibility criteria for inclusion stipulated that participants must have lived in the city for a minimum duration of one year, ensuring their familiarity with the local healthcare infrastructure and sociocultural contexts. A multistage sampling strategy was implemented for participants' selection. This process commenced with the purposive selection of several quarters within Benin City, subsequently followed by the random sampling of households situated within these demarcated areas. From each selected household, women meeting the eligibility requirements were identified and invited to contribute to the study. The sample size of the study was 100 respondents.

Primary data acquisition was accomplished through the administration of structured questionnaires via in-person surveys. The questionnaire's development was informed by pre-existing validated instruments, with modifications to align with the local context; it

covered demographic particulars, perceptions related to patriarchal norms, autonomy in decision-making, and the utilization patterns of reproductive healthcare services.

Data gathered was systematically coded and entered into statistical analysis software, such as SPSS. Descriptive statistical methods, including the calculation of frequencies, percentages, means, and standard deviations, was applied to summarize the demographic attributes of the participants and key study variables. To scrutinize the associations and predictive dynamics between patriarchal norms and women's access to reproductive healthcare services, inferential statistical procedures, namely ANOVA and regression analysis, were utilized.

4. Results and Discussions

The demographic characteristics of the respondents is hereby presented

Table1: Demographic Characteristics of the Respondents

Demographic Characteristics	Categories	Frequency	Percentage
Sex	Male	16	16.0
	Female	84	84.0
	TOTAL	100	100.0
Age	18 – 25 years	13	13.0
	26–35 years	58	58.0
	36-45 years	22	22.0
	46-55 years	7	7.0
	TOTAL	100	100.0
Marital Status	Single	13	13.0
	Married	87	87.0
	TOTAL	100	100.0
Highest Educational Qualifications	SSCE/NECO/GCE	19	19.0
	NCE/OND	26	26.0
	HND/B.Sc.	47	47.0
	PGDE/MBA/M.Sc.	8	8.0
	TOTAL	100	100.0

Source: *Researcher's Field Work (2025)*

There were 84 (84%) females and 16 (16%) males. This suggests that there may be gender-related insights in the context of Patriarchal Norms views, as the sample has a strong female majority.

In terms of age, Table 1 shows that majority of the respondents (58 i.e. 58%) are in the age group of 26- 35 years, 22 of the respondents constituting 22% of the total respondents are in the age group of 36-45 years, 13 of the respondents constituting 13% of the total respondents are in age group of 18-25 years; and 7 of the respondents accounting for 7% of the total respondents belongs to the age group of 46 -55 years. This shows that young adults - people within the age bracket of 26- 45 years were captured and this account for 77% of the total respondents.
Relating to marital status of the respondents, Table 1 revealed that majority of the respondents (87) representing 87% of the total respondents are married while 13 respondents representing 13% of the total respondents are single. It is clear from the result obtained that there are more married persons for the survey conducted as the subject matter relate more to married people than singles.

The highest educational qualification of the respondents surveyed in Table 4.1 reveals that majority of the respondents (47) representing 47% of the total respondents are B.Sc./HND certificate holders, 26 respondents representing 26% of the total respondents are NCE/OND certificate holders, 19 respondents representing 19% of the total respondents are SSCE/NECO/GCE certificate holders while 8 respondents representing 8% of the total respondents have PGDE/MBA/M.Sc.certificates. From the processed data it is clear that people within the first degree of educational attainment are more than the other class of persons in the survey conducted.

Hypothesis Testing

Regression analysis (t-test) and ANOVA were used in this study to assess the hypotheses at the 5% significant level. The p-value determines whether or not we accept a hypothesis. If the p-value is >0.05 (more than 5%), we fail to reject the null hypothesis, meaning we accept it. If the p-value is <0.05 (less than 5%), we reject the null hypothesis.

The following are the hypotheses that were investigated in this study and are expressed in the null form:
H_{01}: There is no significant relationship between patriarchal norms and autonomy of women in making decisions concerning reproductive healthcare in Benin City, Edo State.
H_{02}: There is no significant difference in the perceptions of both women and men regarding the role of patriarchal norms in shaping women's reproductive health outcomes in Benin City

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.686[a]	0.470	0.465	0.36134
a. Predictors: (Constant), Patriarchal Norms				

The value of R^2 which is 0.470 indicates that the independent variable (patriarchal norms) explains only 47% of the dependent variable's (autonomy of women in making decisions concerning reproductive healthcare) systematic variation goes unaccounted for. After adjustments of the R-squared, this percentage drops even lower to 46.5%. This means that other factors/determinants apart from the independent variables are responsible for determining autonomy of women in making decisions concerning reproductive healthcare.

ANOVA[a]						
Model		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
1	Regression	11.364	1	11.364	87.038	0.000[b]
	Residual	12.796	98	0.131		
	Total	24.160	99			
a. Dependent Variable: Women's Autonomy in Making Decision concerning Reproductive Healthcare						
b. Predictors: (Constant), Patriarchal Norms						

At 0.000, the F statistic of 87.038 is significant. This indicates that there is a statistically significant relationship between patriarchal norms and autonomy of women in making decisions concerning reproductive healthcare in Benin City, Edo State.

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.219	0.317		3.841	0.000
	Patriarchal Norms	0.716	0.077	0.686	9.329	0.000
a. Dependent Variable: Women's Autonomy in Making Decision concerning Reproductive Healthcare						

H_{01}: There is no significant relationship between patriarchal norms and autonomy of women in making decisions concerning reproductive healthcare in Benin City, Edo State.

Patriarchal norm is significant at the 0.05 level of statistical significance, as indicated by the p-value of 0.000. Therefore, with a t-value of 9.329 and P-values of 0.000, we reject the null hypothesis, which states that there is no significant relationship between patriarchal norms and autonomy of women in making decisions concerning reproductive healthcare in Benin City, Edo State. This implies that autonomy of women in making decisions concerning reproductive healthcare in Benin City, Edo State is statistically predicted by patriarchal norms.

Descriptives								
Perception of Patriarchal Norms' Role								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Women	84	4.1000	0.49916	0.05446	3.9917	4.2083	3.00	5.00
Men	16	4.1625	0.46314	0.11579	3.9157	4.4093	3.40	4.80
Total	100	4.1100	0.49185	0.04919	4.0124	4.2076	3.00	5.00

Descriptive Statistics

This section summarizes the perception scores for the 84 women and 16 men in the sample.
Women: N=84, Mean perception score = 4.1000, Standard Deviation = 0.49916.
Men: N=16, Mean perception score = 4.1625, Standard Deviation = 0.46314.
Total Sample: N=100, Mean perception score = 4.1100, Standard Deviation = 0.49185.

It was observed that Men (Mean = 4.1625) showed slightly higher mean perception scores concerning patriarchal norms' role than women (Mean = 4.1000). An ANOVA test is needed to assess if this observed difference is statistically significant, particularly given the unequal sample sizes (84 women, 16 men).

Test of Homogeneity of Variances			
Perception of Patriarchal Norms' Role			
Levene Statistic	df1	df2	Sig.
0.108	1	98	0.743

Test of Homogeneity of Variances (Levene's Test)

This test assesses if the variances in perception scores are equal between the women and men groups, a key assumption for ANOVA.
Levene Statistic = 0.108; df1 = 1, df2 = 98 and Sig. (p-value) = 0.743

It can be seen that the Levene's test p-value (0.743) exceeds the 0.05 alpha level. This indicates no statistically significant difference in variances of perception scores between women and men, meeting the homogeneity of variances assumption for the ANOVA.

ANOVA					
Perception of Patriarchal Norms' Role					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.053	1	0.053	0.215	0.644
Within Groups	23.897	98	0.244		
Total	23.950	99			

ANOVA Results

H_{02}: There is no significant difference in the perceptions of both women and men regarding the role of patriarchal norms in shaping women's reproductive health outcomes in Benin City.
This table determines if a statistically significant difference exists in mean perception scores between women and men.
Between Groups (Gender Effect): F-statistic = 0.215; Sig. (p-value) = 0.644
Other details revealed that Sum of Squares (Between Groups) = 0.053, df (Between Groups) = 1, Mean Square (Between Groups) = 0.053; Sum of Squares (Within Groups) = 23.897, df (Within Groups) = 98, Mean Square (Within Groups) = 0.244; Total Sum of Squares = 23.950, Total df = 99.
From the ANOVA test result it can be observed that the critical p-value ("Sig.") for the "Between Groups" effect is 0.644. This represents the probability of obtaining an F-statistic of 0.215 or greater if H02 (no difference in population means) is true.

It is therefore stated that no significant difference exists in perceptions between women and men regarding patriarchal norms' role in women's reproductive health outcomes in Benin City; given Alpha Level (α): 0.05 and the ANOVA p-value (0.644) is greater than α (0.05).

It is therefore concluded that as the p-value (0.644) is above 0.05, the null hypothesis (H02) is not rejected.
It will therefore be reported that the One-Way ANOVA results ($F(1, 98) = 0.215$, $p = 0.644$) show no statistically significant difference in mean perceptions between women (Mean = 4.10, SD = 0.50) and men (Mean = 4.16, SD = 0.46) concerning patriarchal norms' impact on women's reproductive health outcomes in Benin City. The minor difference in average perception scores between men and women is not statistically significant. The data does not provide sufficient evidence to claim that women and men in Benin City hold different perceptions on this topic; the observed variation is likely due to chance.

5. Discussion of Findings

Recent literature confirms and expands upon this study's findings that patriarchal norms pervasively influence Nigerian women's access to reproductive

healthcare. Patriarchal social structures leading to gender-based discrimination are consistently identified as significant barriers to quality maternal and reproductive healthcare in Nigeria. For instance, Oduenyi et al. (2021) found that established gender norms and limited male involvement in reproductive health decisions correlate with poor maternal health service utilization and quality in Nigeria, suggesting patriarchal attitudes limit women's healthcare autonomy.

Furthermore, cultural expectations of male authority in household decision-making directly affect women's ability to access and use reproductive health services. A qualitative study in northern Nigeria by Sinai et al. (2024) showed that men's dominant role in family decisions often restricts women's access to contraception and maternal health services, contributing to high maternal mortality and low contraceptive use. These findings align with the Benin City results, where patriarchal norms significantly predict women's reproductive healthcare autonomy.

Additionally, studies emphasize the intersection of gender with social determinants like socioeconomic status, education, and couple dynamics. Analysis of the 2018 Nigeria Demographic and Health Survey by Abubakar & Abubakar (2024) revealed that women's healthcare decision-making autonomy, joint decision-making, and higher socioeconomic status are linked to increased modern contraceptive use. This supports the current study's conclusion that while patriarchal norms are a primary factor, other determinants also significantly shape women's reproductive health outcomes.

Moreover, gender inequalities and reproductive rights violations are associated with negative health outcomes like unsafe abortions and higher HIV rates among young women (Momoh et al., 2015). These consequences highlight the broader public health impact of patriarchal constraints on women's reproductive autonomy.

Interestingly, while this study found no significant statistical difference in men and women's perceptions of patriarchal norms' impact, other research indicates both genders might internalize these norms due to their deep cultural roots. This underscores the need for community-wide interventions addressing both male and female perspectives.

6. Conclusions and Recommendations

6.1 Conclusions

This study examined the relationship between patriarchal norms and women access to reproductive healthcare services in Benin City, Edo State. The purpose of the study was to assess the degree to which patriarchal norms influence women's autonomy in making decisions about reproductive healthcare in Benin City, Edo State; to determine the main barriers associated with patriarchal norms that restrict women's access to reproductive healthcare services in Benin City and to investigate how women and men perceive the influence of patriarchal norms on women's reproductive health outcomes in Benin City.

The study concludes, based on the data, that patriarchal norms have significant effect on autonomy of women in making decisions concerning reproductive healthcare in Benin City, Edo State and that no significant difference exists in perceptions between women and men concerning patriarchal norms' role in women's reproductive health outcomes in Benin City.

6.2 Recommendations

Based on the findings, the following recommendations are made:

Community Engagement: Recent evidence highlights engaging men and community leaders in educational programs to challenge patriarchal norms and promote shared reproductive health decision-making.

Policy and Legal Reform: Strengthen legal frameworks to ensure women's reproductive rights and autonomy, while tackling socioeconomic and political inequalities that impede care access.

Health System Interventions: Train healthcare providers to identify and lessen gender bias effects to enhance service delivery and equitable reproductive health service access.

Empowerment Initiatives: Boosting women's education, economic independence, and decision-making participation is vital for better reproductive health outcomes.

Further Research: Ongoing research should investigate the complex interactions of gender, socioeconomic status, and cultural norms to guide targeted interventions.

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