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Predictors of Utilisation of Maternal Health Services among Reproductive Aged Women in Ibadan South East Local Government of Oyo State

Faderera Christianah Olayiwola
Maternal and Child Health Department
Faculty of Nursing,
College of Medicine,
University of Ibadan

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Abstract: *Utilisation of maternal health services has been found to be an essential contributor in improvement of health outcomes of mother and child. However, there is still low utilisation in Nigeria which is the major cause of maternal mortality and morbidity. The researcher therefore, investigated predictors of utilisation of maternal health services among reproductive aged women in Ibadan south east local government of Oyo State. The study employed a descriptive method design, 322 women of reproductive age were drawn through purposive sampling techniques from Ibadan South East Local Government Area of Oyo State. One research instrument was used to gather information in this study; which assess maternal health services (antenatal care, labour/delivery, immunization, family planning), and identify enabling factors that influence utilisation of maternal health services. Descriptive statistics (frequency and percentage count, mean and pie chart), and Chi Square were used to analyse the data obtained at 0.05 level of significance. It was found out that majority of the respondent utilised mission and private hospital, majority had proper utilisation of Antenatal Care and immunization services while majority had improper utilisation of labour/delivery and family planning services. Also, 47% of the respondent had adequate enabling factors while 53% had inadequate enabling factors. There was a significant relationship between components of enabling factors and maternal health utilisation. It could therefore, be concluded that if enabling factors of women of reproductive age are taken care of, it will greatly increase their maternal health service patronage. Therefore, Government should make maternal health facilities accessible and affordable.*

Keywords: maternal health services, enabling factors, utilisation, reproductive aged women

INTRODUCTION

Maternal health encompasses the overall welfare of mothers for the entirety of their pregnancy, the childbirth process, and the subsequent postpartum period (World Health Organisation,

2020; Shudura et al., 2020; Gbenga-Epebinu et al., 2020). mother health care comprises fundamental elements such as antenatal care (ANC), institutional delivery, and postnatal care (PNC). The notion of mother health involves diverse facets of healthcare pertaining to family planning, immunisation, preconception, prenatal, and postoperative care. The main goal is to provide a favourable and gratifying experience for women during pregnancy and delivery, while simultaneously reducing rates of maternal illness and death (WHO, 2020).

Maternal health encompasses the overall well-being of mothers, particularly during the stages of pregnancy, childbirth, and child-rearing. While motherhood is commonly regarded as a gratifying experience, the World Health Organisation (WHO) emphasises that a considerable number of women face numerous challenges that ultimately result in their poor health and, in some cases, mortality (WHO, 2020). The issue of maternal health holds significant importance in the field of global public health, as it has the capacity to contribute to the preservation of numerous lives among women in their reproductive years by means of maternal health services (Ejioye & Gbenga-Epebinu, 2021; Shudura, et al., 2020). Despite extensive endeavours to improve the utilisation of maternal healthcare services, the global maternal mortality rate continues to be unacceptably elevated. In 2018, the World Health Organisation (WHO) reported that around 254,700 women globally experienced mortality as a result of complications connected to pregnancy or delivery. This high mortality rate can be mostly ascribed to the limited use of healthcare services by mothers. The underutilization of maternal health care services poses a significant concern in numerous low-resource settings. India, Nigeria, Pakistan, Afghanistan, and the Democratic Republic of Congo (DRC) are the top six countries with the highest underutilization rates. These countries account for about half of global maternal mortality (WHO, 2018).

The vast majority (99%) of maternal migration takes place in developing nations, with around 66% of this phenomenon occurring in sub-Saharan African countries. This is in contrast to the numerous global initiatives aimed at reducing and preventing maternal mortality (UNICEF, 2018). According to the Index Mundi (2018), Sierra Leone exhibits the highest maternal death rates in West Africa, with a rate of 1360 per 100,000 live births. Following closely behind, Nigeria ranks second with a rate of 814 per 100,000 live births.

In Nigeria, the healthcare delivery system consists of three levels: primary, secondary, and tertiary. Among these levels, primary healthcare delivery is considered the most crucial due to its proximity to the population. According to Okonofua et al. (2018), the primary healthcare concept is designed to address the healthcare requirements of persons residing in a community. This framework perceives health not merely as the absence of illness, but rather as a state of holistic well-being. The government has taken efforts to decentralise healthcare services to primary health facilities, ensuring that these services are accessible to the community and affordable for its members. Based on the aforementioned factors, it is reasonable to anticipate a significant enhancement in health indicators that impact the overall quality of life for individuals within the community. Nevertheless, the utilisation of health services, particularly those provided to mothers, has been suboptimal, so undermining the fundamental objective of health service distribution (Fikire & Demissie, 2018).

Nigeria's maternal mortality ratio stands at 630 per 100,000 live births, accounting for 14% of global maternal deaths. Nigeria exhibits a notable prevalence of maternal mortality inside its

borders. The high death rate is mostly attributed to the insufficient usage of maternal healthcare services (Gbnga-Epebinu & Ogunrinde 2020). Biomedical variables, including infection, obstructed labour, haemorrhage, and eclampsia, have been identified as significant contributors to maternal mortality, as indicated by multiple sources (African Population and Health Research Centre, APHRC, 2017; Odekunle, 2016). Nevertheless, it is important to acknowledge that non-biomedical factors play a substantial role in the insufficient utilisation of maternal healthcare facilities and the increased likelihood of maternal mortality in poor nations. According to Ariyo et al. (2017), there is a tendency to neglect several aspects such as economic and political pressures, societal norms, limits in healthcare infrastructure, and accessibility concerns.

The utilisation of maternal healthcare is influenced by various enabling factors, such as access to health services, availability and personnel of maternal health services, affordability of costs, and the intention or necessity to conceive and receive prenatal care in preparation for delivery, as well as the prevention of unwanted pregnancies (Gbenga-Epebinu, et al., 2020). According to a study conducted by Kifle et al. (2017), a significant proportion of women, namely 74.3%, reported having sought antenatal care in healthcare facilities on at least one occasion. Nevertheless, a quarter of the participants, specifically 25.7%, said that they did not get any antenatal care (ANC) services throughout their most recent pregnancy. Furthermore, a mere 10% of women underwent a total of four prenatal care sessions. According to the survey, a majority of women, exactly 69%, sought antenatal care clinics throughout the second trimester of their pregnancy. Conversely, a smaller proportion of women, specifically 28.7%, opted for institutional delivery facilitated by competent healthcare professionals. In addition, a mere 22% of women availed themselves of postnatal care services.

In a separate investigation conducted by Mpembeni et al. (2019), it was found that the utilisation of maternal health services among women exceeded the national statistics. Specifically, over 32% of pregnant women sought antenatal care (ANC) during the recommended first trimester. A considerable proportion of women (78%) sought antenatal care (ANC) on four or more occasions, with a slightly greater percentage (80%) among those who possessed knowledge of their access rights. However, it is important to note that this disparity did not reach statistical significance ($P>0.05$). The research population exhibited a high utilisation rate of Skilled Birth Attendants (SBA) at 77.6%, with a statistically significant increase observed among those who possessed knowledge of their access rights ($p<0.05$). Approximately 22% of women availed themselves of Postnatal Care (PNC) at least once subsequent to childbirth, with a little greater proportion (25%) among those who possessed knowledge in this regard, as opposed to 21% among those who lacked awareness.

Based on the findings of the study, it was observed that 77.6% of the respondents indicated that they had employed skilled birth attendants (SBA) during their most recent childbirth experience. In Morogoro DC, 64.7% of respondents utilised SBA, whereas in Hai DC, 92.2% did so. The utilisation of skilled birth attendants was not substantially correlated with age, however, career and education were found to be significant factors. The data indicates that employees were more than three times more inclined to utilise SBA compared to subsistence farmers (COR 3.27, 95% CI 1.15-9.34). Additionally, individuals with post-primary education demonstrated a considerably higher likelihood of using SBAs compared to those without any formal education (COR 3.69, 95% CI 1.79-7.57).

Regarding the factors related to the use of postnatal care, it was found that Muslim women were 89% less likely to use postnatal healthcare services compared to other women. This was consistent with the findings of institutional delivery services. The adjusted odds ratio (AOR) was 0.11, with a 95% confidence interval ranging from 0.04 to 0.27. According to Kifle et al. (2017), women who possessed formal education and/or the ability to read and write (AOR: 4.0, 95%CT: (2.08–7.71)), women who had knowledge of pregnancy complications (AOR: 1.97, 05%CI: (1.08–3.61)), and women who delivered their last child at a health facility (AOR: 4.19, 95%CI: (2.38–7.37)) exhibited a higher likelihood of utilising postnatal care services compared to women who did not possess these characteristics.

Tesfaye et al. (2019) conducted a study that revealed a correlation between predisposing factors and the likelihood of women utilising skilled labour and delivery care. The study found that women with family members who had higher levels of education were more likely to do so, with an adjusted odds ratio (AOR) of 1.89 (95% confidence interval (C1): 1.26, 2.85), compared to those without any educated family members. Primipara women who had received maternal health education shown a higher likelihood of utilising skilled delivery care services (Adjusted Odds Ratio [AOR], 2.22, 95% confidence interval [C1]: 1.09, 4.53) compared to their counterparts who did not get such education.

Nevertheless, women who had given birth multiple times but had not previously received skilled delivery care were less likely to use such care for future births (Adjusted Odds Ratio [AOR], 0.08, 95% confidence interval [C1]: 0.05, 0.13) compared to those who had. Ultimately, women who have given birth multiple times and had friends who do not use maternal care were less likely to utilise competent delivery care (Adjusted Odds Ratio [AOR], 0.43, 95% confidence interval [C1]: 0.29, 0.64) compared to women whose best friends do use maternity care.

In the study conducted by Tesfaye et al. (2019), it was shown that there was a significant association between place of residence and proximity to a health centre with the attendance of competent delivery care. This association was observed in both multivariate logistic regression models. Women residing in close proximity to health centres had a significantly higher likelihood of accessing competent delivery care (AOR, 4.38; 95% CI: 2.58, 9.05) and (AOR, 8.23; 95% CI: 2.28, 29.9). In relation to need factors, women who have given birth multiple times and had unplanned pregnancies had lower chances of using competent delivery care (adjusted odds ratio [AOR], 0.54, 95% confidence interval [CI]: 0.35, 0.84) compared to women who have given birth intentionally, in both multivariate models. Furthermore, there was a positive correlation between attending antenatal care during the most recent pregnancy and the usage of skilled delivery care during the most recent birth (Adjusted Odds Ratio [AOR], 2.23; 95% Confidence Interval [CI], 1.48, 3.37) and (AOR, 3.13; 95% CI, 1.51, 6.46).

According to the findings of Tesfaye et al. (2019), it was determined that the correlation between prior care experience and subsequent use of competent delivery may be influenced by the potential confounding impact of service accessibility and availability. The disparity in women's utilisation of skilled delivery care may be largely attributed to improved awareness and accessibility to maternal healthcare. According to Tesfaye (2019), there exists a potential correlation between prior care experience and the subsequent use of skilled delivery care, which can be attributed to the accessibility and availability of services. The potential influence

of maternal healthcare services and increased awareness of these services on women's utilisation of skilled delivery care is significant.

Hence, it is imperative for local initiatives aimed at enhancing maternal health to prioritise the enhancement of accessibility and availability of delivery care services during childbirth, as well as the equitable allocation of health resources across various contexts. Women who experienced positive physical encounters with healthcare professionals and facilities during their antenatal care visits may have developed a greater sense of confidence and familiarity with the healthcare institution, resulting in a higher use of skilled delivery care..

Hence, the need to look at the predictors of utilisation of maternal health services among reproductive aged women in Ibadan South-east local government of Oyo state. The specific objectives of this study were to;

1. Assess level of utilisation of maternal health services among women of reproductive age.
2. Identify enabling factors influencing maternal health services utilisation among reproductive aged women.

Research Hypothesis

$H_0$1: There is no significant relationship among enabling factors (affordability, availability, accessibility, health workers' interaction) and maternal health services utilisation (ANC, labour delivery, immunization and family planning) in study area.

RESEARCH METHODS

The study employed a descriptive method design to identify the predictors of utilisation of maternal health services among reproductive aged women in Ibadan South-east local government of Oyo state. Population of this research work comprised of reproductive aged women living within the communities where primary health centres are being located in Ibadan South – East Local Government Area, Oyo State. The study focused on reproductive aged women in the catchment communities in which the 8 primary health centres are being located in the area of study. The sample size for this study was determined using Cochran's formula which yielded total sample size will be 322 women of reproductive age, with the addition of a non-response rate of 15%.

The study adopted both probability and non-probability sampling techniques. This was done in steps using purposeful sampling, simple random sampling and proportional allocation methods. Maternal Health Services Utilisation Questionnaire (MHSUQ) was used for data collection. The questionnaire was designed by the researcher from reviewed literature. The questionnaire comprised of three sections and included a mix of open-ended with closed-ended questions. Section A focused on socio-demographics characteristics of respondents which include age, ethnic group, religion, educational level, parity, etc. **Section B:** There were a total of 34 items on the utilisation of health facilities and maternal health services, which were covered by five questions in the questionnaire, a scale of 0 – 10 was used where 0 represented 0time, 1 represented 1time and like that to 10. **Section C:** was used to assess enabling factors

influencing maternal health services utilisation. It consisted of 12 items of three opinions response format (Agree, Disagree, and Undecided).

The validity of an instrument can be explained as the appropriateness of an instrument in measuring what it is purposed to measure**.** The researcher ensured the validity of the instruments (questionnaire) by accessing relevant literature. Reliability process of the instrument was carried out by researcher on a sample of thirty two participants (approximately 10% of the sample size) within the community where a primary health centres is being located in study area. The setting was used because it has similar characteristics with the main study population setting. The Cronbach Alpha reliability test was carried out and the pretested questionnaire Cronbach alpha reliability coefficient was 0.75.

The research assistants were trained on communication skills (translation of English to Yoruba for respondents who doesn't understand English) in the community, purpose of the research. Community entry was through the community leaders, the researcher introduced herself, her team and the purpose of the visit. The researcher asked for community guide from the community leaders to be able to know in and out of the community. All items on the instrument were explained to them for proper understanding. Prior to administration of questionnaires, each questionnaire was numbered serially for easy retract and identification. The questionnaires were collected and sorted out, then coded into the computer using Statistical Package for Social Science (SPSS) version 23.0. Descriptive and inferential statistics were used for analysis. Results were presented in frequency tables and cross tabulation of some variables. To assess level of maternal health services utilisation among reproductive aged women, questions 13 to 17 of the questionnaire were used. For question 13, the health facilities were grouped into four (4).

Group A include Government owned hospitals where there are skilled health personnels

Group B include Mission hospitals where there are skilled birth attendants.

Group C include Private hospitals where there are mixture of skilled and unskilled health personnels while

Group D include Traditional birth attendants, Religion Centre (Church) and home where there are basically unskilled personnels. For each of the type of facility no of times used is assessed, from 0 – 10.

Inferential statistics (Chi-square test) at the level of statistical significance of 0.05 was used to analyse the hypothesis.

RESULTS

Objective One: To assess the level of utilisation of maternal health services among reproductive aged women in Ibadan South East Local Government.

The finding shows respondents usage of different health facilities for antenatal care service, it was find out that 68% made proper utilisation maternal health services in government owned health facilities (hospital/maternal home, health centre/health post) 82% of the respondents had proper utilisation of maternal health services in mission hospitals, 80% of the respondents had proper maternal services utilisation in private hospitals. This implies that majority of the

respondents used private hospital and mission hospital for antenatal care services and use government owned hospital for quality care once in a while. It was discovered from the table that large percentage of the respondent 304(94%) do not patronize traditional birth attendant for antenatal care, the same is applicable to church as 310(96%) of the responds claim that they don't go to church for antenatal care. In the same, majority of the respondent 306(95%) vouched that they don't use home for antenatal care. The finding implies that majority of the respondents preferred private and mission hospital to other health facilities, Government owned hospitals, church, traditional birth attendants and homes. Other information are as depicted in table 1.

Table 1: Level of Maternal Health Services Utilisation among Reproductive Aged Women

	Maternal Health Services Utilisation	**Categories**										
	How many times did you obtain ante- natal care (ANC) services provided in your last pregnancy in the following heath facilities?	**0time**	**1time**	**2time**	**3time**	**4time**	**5time**	**6time**	**7time**	**8time**	**9time**	**10time**
Group A	Government owned (public health facilities e.g., hospital/maternity home/health centre/ health post	25 (8%)	12 (3%)	19 (6%)	16 (5%)	21 (7%)	**145 (45%)**	45 (14%)	7 (2%)	9 (3%)	4 (1%)	19 (6%)
Group B	Mission hospital	**3 (1%)**	7 (2%)	7 (2%)	7 (2%)	23 (7%)	9 (3%)	216 (67%)	9 (3%)	7 (2%)	11 (3%)	23 (7%)
Group C	Private hospital/maternity home	**4 (1.2%)**	31 (10%)	11 (3%)	10 (3%)	236 (73%)	14 (4%)	4 (1.2%)	2 (1%)	4 1.2%	2 (1%)	4 (1.2%)
Group D	Traditional birth attendant	**304 (94%)**	5 (2%)	3 (1%)	0 (0%)	3 (1%)	2 (1%)	1 (1%)	2 (1%)	0 (0%)	2 (1%)	0 (0%)
	In the church	**310 (96%)**	2 (1%)	3 (1%)	0 (0%)	2 (1%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)	2 (1%)	2 (1%)
	At home	**306 (95%)**	4 (1.2%)	4 (1.2%)	4 (1.2%)	5 (2%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)	2 (1%)

The findings shows that only 123 (38%) complied with the WHO recommendations of blood pressure measurement while 199 (62%) did not complied with the recommendation hence improper utilisation, also 85 (26%) complied with recommended number of time for testing blood for anaemia (proper utilisation) while 237 (74%) did not complied with the recommendation. Hence table 4.2 reveals that majority of the antenatal care service were utilised improperly. All other details are as depicted in table 4.2.

The finding of the study reveals that utilisation of labour/delivery service utilisation, out of 322 respondents, 62(19%) claimed they complied with recommended number of time for general examination in labour (proper utilisation) while 260(81%) did not comply with WHO recommendation (improper utilisation). This might be due to health workers in availability to

examine the client. Similarly, 240(75%) of the respondents utilised the results that proper utilisation of vaginal examination while 82(25%) of the respondent utilised this improperly. Thus it was deduced from the results that proper utilisation of labour / delivery of the respondents is fair. All other details are as depicted in table 4.3.

The findings of the study reveals that utilisation of immunization service, It reveals that 256(80%) had proper utilisation of immunization in government owned health facilities. This implied that majority of respondent made proper utilisation of immunization in health facilities where skilled personnels are present. All other details are as depicted in table 4.4.

The findings depicts that utilisation of family planning service it reveals that majority of the respondents claimed that they did not utilised family planning service as recommended, hence family service is not properly utilised.

Table 2 – Antenatal Care Service Utilisation

	How many times did you have the following ANC services during your last pregnancy?		
		Proper Utilisation	**Improper Utilisation**
	Blood pressure measurement	123 (38%)	199 (62%)
	Weighing	255 (79%)	67 (21%)
	Testing of urine to detect abnormalityduring ANC	90 (28%)	232 (72%)
	Ferrous table provision	217 (67%)	105 (32%)
	Folic acid provision	225 (70%)	97 (30%)
	Blood tested for anaemia during ante-natalvisits.	85 (26%)	237 (74%)
	Health education talks e.g., about dangersigns of pregnancy complications etc.	89 (28%)	233 (72%)
	Anti-malaria provision	86 (27%)	236 (73%)
	Immunization with tetanus toxoid givenduring ante-natal visit.	34 (11%)	288 (89%)

Table 3 – Labour and Delivery Service Utilisation

	How many times did you have the following services during your last labour and delivery?		
		Proper Utilisation	**Improper Utilisation**
	General examination during labour	62 (19%)	260 (81%)
	Monitoring of vital signs and progress of Labour	132 (41%)	190 (59%)
	Monitoring of progress of labour	152 (47%)	170 (53%)
	Vagina examination	240 (75%)	82 (25%)
	Delivery of baby	179 (56%)	143 (44%)
	Delivery of the placenta	310 (96%)	12 (4%)
	Monitoring and care of the mother before discharge	184 (57%)	138 (43%)

Table 4 – Immunization Service Utilisation

	How many times did you have immunization after delivery in the following facilities?		
Group A		**Proper Utilisation**	**Improper Utilisation**
	Government owned (Public) health facilities e.g., Hospital/ maternity home /health centre/ health post	256 (80%)	66 (20%)
Group B	Mission hospital	58 (18%)	264 (82%)
Group C	Private hospital/maternity home	59 (18%)	263 (82%)
Group D	Traditional birth attendant	269 (84%)	53 (16%)
	In the Church	300 (93%)	22 (7%)
	At home	301 (93%)	21 (7%)

Table 5 – Family Planning Service Utilisation

	How many times did you use the following health facilities for family planning services?		
Group A		**Proper Utilisation**	**Improper Utilisation**
	Government owned (Public) health facilities e.g., Hospital/maternity home/ health centre/ health post	68 (21%)	254 (79%)
Group B	Mission hospital	11 (3%)	311 (97%)
Group C	Private hospital/maternity home	7 (2%)	315 (98%)
Group D	Traditional birth attendant	0 (0%)	322 (100%)
	In the Church	0 (0%)	322 (100%)
	At home	0 (0%)	322 (100%)

Objective Two: To identify enabling factors influencing maternal health services utilisation among reproductive aged women.

The finding of the study shows enabling factors under four constructs namely accessibility, availability affordability and health worker. It reveals that 208 respondents agreed that health centre is situated willing their community 258 of the respondent claimed that maternal health centre is not far from their house but only 59 of the respondents claimed that maternal health centre is Accessible. This finding reveals that although the health centre are within the community yet of maternal health service is not accessible on availability, 107 out of the respondent claimed maternal health service is available, 77 0f the respondent disagreed with that opinion while138 of the respondent were undecided about availability of maternal health centre, also 181 of the respondent agreed that maternal and equipment are always available while 123 of the participant disagreed and 18 of the participant were undecided.

In the same vein, majority of the respondents agreed that health workers/women of reproductive age interaction affect utilisation of maternal health service, 275 of the participants agreed that women refrain from patronage of maternal health centre as a result of privacy while 25 of the respondents agreed that women refrain from maternal health centre utilization because of harshness of health workers 47 of the respondents disagreed while 25 of the respondents were undecided. Other details are as depicted in the table 6. Category of enabling factors is as depicted in figure 1

Table 6– Enabling Factors

S/N	ACCESSIBILITY	Agreed	Disagreed	Undecided
1.	Maternal health centre is accessible.	59	120	143
2.	The health centre is situated within our community.	208	95	19
3.	The health centre is not far from my house	258	47	17
S/N	**AVAILABILITY**	**Agreed**	**Disagreed**	**Undecided**
1.	The health workers are available at the health centre each time I visit for care	107	77	138
2.	The equipment and materials to be used for our care are always available	181	123	18
S/N	**AFFORDABILITY**	**Agreed**	**Disagreed**	**Undecided**
1.	Women of reproductive age make use of maternal health centre because it is cheaper in term of cost.	125	62	135
2.	There are services that are completely free at the health centres for women of reproductive age.	200	103	19
3.	Women are increasingly utilizing maternal health centers due to the affordable costs.	193	120	9
S/N	**HEALTH WORKERS' INTERACTION**	**Agreed**	**Disagreed**	**Undecided**
1.	Women refrain from the use of maternal health centre as a result of lack of privacy.	275	35	12
2.	Women are demotivated in the usage of maternal health centre because of the non-challant attitude of the health workers.	232	72	18

3.	Periodic counseling session vaccinate some women utilisation of maternal health centre.	95	90	137
4.	Women refrain from the utilisation of maternal health center because of the harshness of the health workers.	250	47	25

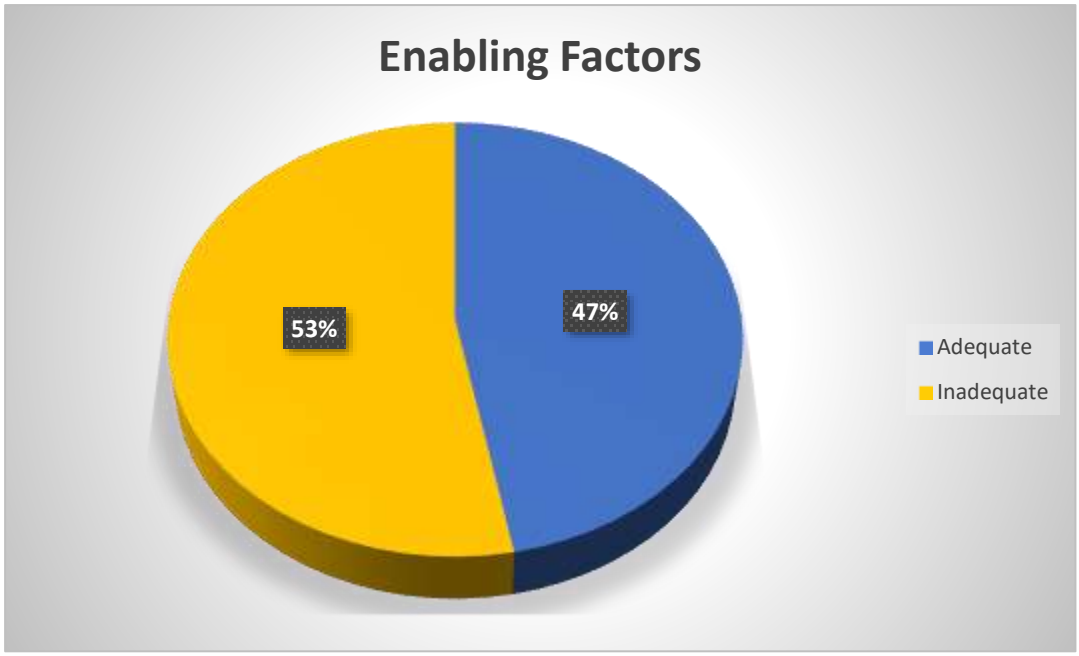

Figure 1: category of enabling factors

Hypothesis Testing

$H_0$1: There is no significant relationship among enabling factors (affordability, availability, accessibility, health workers' interaction) and utilisation of maternal health services in study area.

Result shows that 2x2 chi square value (X^2) is 16.84 and p value is 0.000 with 0 cells (0%) having expected count less than 5 with a minimum expected count of 35.40. It shows that there is a significant relationship between enabling factors and antenatal care service utilisation. Other details are depicted in table 4.9.

The results reveals that the 2x2 chi square value (X^2) is 13.86 and p value is 0.000 with 0 cells (0%) having expected count less than 5 with a minimum expected count of 56.83. The result shows that there is a significant relationship between Enabling Factors and Labour/Delivery Service utilisation. Other details are depicted in table 4.10.

The 2x2 chi square value (X^2) is 1.26 and p value is 0.261 with 0 cells (0%) having expected count less than 5 with a minimum expected count of 61.96 as depicted in table 4.11. The result shows that there is no significant relationship between enabling factors and immunization service utilisation.

The 2x2 chi square value (X^2) is 146.91 and p value is 0.000 with 0 cells (0%) having expected count less than 5 with a minimum expected count of 68.01 as depicted in table 4.12. The result

shows that there is a significant relationship between enabling factors and family planning service utilisation.

Table 7: Cross Tabulation of Enabling Factors by Ante Natal Service

			Ante Natal Service			X^2	df	P-Value	Remk
			Proper Utilisation	Improper Utilisation	Total				
Enabling Factors	Adequate	Count	99	51	150	16.84	1	.000	Sig
		% within Enabling Factors	66.0%	34.0%	100.0%				
	Inadequate	Count	147	25	172				
		% within Enabling Factors	85.5%	14.5%	100.0%				

Table 8: Cross tabulation of Enabling Factors by Labour and Delivery

			Labour Delivery Service			X^2	df	P-Value	Remk
			Proper Utilisation	Improper Utilisation	Total				
Enabling Factors	Adequate	Count	77	73	150	13.86	1	.000	Sig
		% within Enabling Factors	51.3%	48.7%	100.0%				
	Inadequate	Count	123	49	172				
		% within Enabling Factors	71.5%	28.5%	100.0%				

Table 9: Cross tabulation of Enabling Factors by Immunization Service

			Immunization Service			X^2	df	P-Value	Remk
			Proper Utilisation	Improper Utilisation	Total				
Enabling Factors	Adequate	Count	93	57	150	1.26	1	.261	Not Sig
		% within Enabling Factors	62.0%	38.0%	100.0%				
	Inadequate	Count	96	76	172				
		% within Enabling Factors	55.8%	44.2%	100.0%				

Table 10: Cross tabulation of Enabling Factors by Family Planning

			Family Planning Service			X^2	df	P-Value	Remk
			Proper Utilisation	Improper Utilisation	Total				
Enabling Factors	Adequate	Count	14	136	150	146.91	1	.000	Sig
		% within Enabling Factors	9.3%	90.7%	100.0%				
	Inadequate	Count	132	40	172				
		% within Enabling Factors	76.7%	23.3%	100.0%				

DISCUSSION OF FINDINGS

The findings from this study reveals that women of reproductive age prefer mission hospitals and private hospitals to government owned hospitals, maternity home, health centres and health post for majority of services. The reason may be due to attitude of health workers, accessibility and availability. The use of maternal healthcare services is a multifaceted issue that is affected by various factors. Many studies conducted in developing countries have identified socioeconomic factors and the quality of healthcare delivery as crucial determinants of healthcare utilisation. Several factors have been linked to the use of maternal care services in various contexts, including the quality of healthcare, nearness to healthcare facilities, inadequate transportation, low social standing of women, age, caste, religion, education, household economic status, limited decision-making authority, and cultural beliefs (Joshi, et al., 2014; Masters, et al., 2018). Efforts have been made by government to decentralize healthcare services to the Primary health centres so that the health services are located among the people within the community and also at a bearable cost for the community members. Because of the aforementioned, the expectation should be that there will be a great improvement of health indices that affect the standard of lives of people in the community. However, there has been poor usage of health services among which are health services to mothers overwhelming the basic aim of distribution of health services (Gbenga-Epebinu et al., 2020).

Findings from this study reveals that cheapest in term of cost, peer influence, husband preference, Periodic counseling session and proximity of maternal healthcare centre are the major factors motivating maternal health services utilisation among reproductive aged women. The finding buttresses the opinion of Al-Mutjaba, et al. (2016) who asserted that in Sub-Saharan Africa there is limited evidence linking religion and maternal health. A study conducted in Ghana shows that women who practice Islam, preferred to seek healthcare professionals irrespective of their religion practices. However, they were discouraged by negative attitudes from these healthcare professionals, as reported by Gitimu et al., (2018). It

is worth noting that religious practices can significantly affect health behaviours and contribute to changes in maternal health services patronage.

There are instances where certain Christian clerics deny christening ceremonies to infants who were not delivered in their church or faith-based health facilities. Furthermore, some leaders encourage their followers to have unwavering faith in God and avoid medical interventions, despite indications of maternal or infant risk during childbirth. According to Esienumoh, et al. (2016), some pregnant women may avoid giving birth in hospitals due to their beliefs that evil forces, spiritual attacks, and the sin of the couple could have negative impact on process of delivery. Instead, they choose to deliver in churches. Ariyo, et al. (2017) reported that Purdah practice, which restricts women from interacting with men in public places, limits their access to maternal health services. This can influence their decision-making and preference for giving birth at home.

The finding from the study reveals that marital status, parity are part of the major factors motivating women of reproductive age utilisation of maternal health service, this finding buttress the opinion of Tesfaye, et al. (2016) who asserted that there is slight significant association between maternal health and religion in Sub-Saharan Africa. Also study from Ghana found that Muslim women who had physical contact with health workers and facilities during maternal healthcare visits may have increased confidence and familiarity with the health system, thus encouraging them to seek skilled delivery care. The study also reveals that affordability, accessibility and availability all influence the utilisation of maternal health services. This is similar to Tesfaye, et al. (2019) who stated that nearness health facility, health index, decision makers for health in the family are all enabling factors facilitating utilisation of maternal health services. It stated further that the association of skilled health personnel with future of skilled delivery care services may have impact on accessibility and availability of maternal healthcare services. This study's findings support the assertion made by Oyugi, et al. (2018) that limited access to life-saving healthcare services can impede their use. In rural Africa, distance, particularly travel time to healthcare facilities, is one of the primary barriers to healthcare utilisation.

Furthermore, the finding reveals that health workers utilisation with women of reproductive age facilitates their utilisation of maternal health services. This finding buttresses the opinion Tesfaye, et al. (2019) who asserted that women who had physical interaction with health workers during maternal healthcare contact might in turn have helped them became more confident and familiar with the health facility allowing them to seek skilled delivery care services. Similarly, other findings stated that local effects to improve maternal health services should therefore focus on improving accessibility and availability of maternal healthcare services and equitable distribution of health resources in urban and rural setting.

CONCLUSION

The findings of this study offer valuable insights into the utilization of maternal health services among respondents in various healthcare facilities. A significant proportion of respondents demonstrated proper utilization of maternal health services in private and mission hospitals, indicating a preference for these facilities over government-owned ones. Conversely, compliance with WHO recommendations for antenatal care, particularly regarding blood pressure measurement and testing for anaemia, was suboptimal, suggesting improper

utilization. Similarly, labor and delivery services were underutilized, possibly due to health worker availability issues. Immunization services were predominantly utilized in government-owned facilities, highlighting the importance of skilled personnel. However, family planning services were underutilized, indicating a gap in meeting reproductive health needs. Enabling factors such as accessibility, availability, affordability, and health worker interactions significantly influenced service utilization, with varying impacts across different services. While a significant relationship was found between enabling factors and antenatal care and labor/delivery service utilization, no significant relationship was observed for immunization service utilization.

Recommendations

Health workers should demonstrate good human relation to encourage women of reproductive age to utilise maternal health services. Periodic awareness campaign on the need to always utilise maternal health services particularly for pre and post natal care as well as to intimate women of reproductive age on the danger of non-utilisation should be done at interval. Although, majority of the respondents in this study usually patronize private hospitals and mission hospitals. There is need for all stakeholders in health sector to encourage women of reproductive age on the utilisation of public health facilities because it will afford them opportunity to access quality healthcare.

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