

Awareness and Utilization of Maternal and Child Health Services among Women of Reproductive Age in Rural Areas of Akwa Ibom State, Nigeria

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Citation: Afia, U. U., Obot, V.O., Johnson, N.I. (2022) Awareness and Utilization of Maternal and Child Health Services among Women of Reproductive Age in Rural Areas of Akwa Ibom State, Nigeria, *International Journal of Nursing, Midwife and Health Related Cases*, Vol.8, No.4, pp.1-19

ABSTRACT: *This study examined awareness and utilization of maternal and child health services among women of reproductive age in rural areas in Akwa Ibom State. Three objectives and three research questions were raised to guide this study. A descriptive survey research design was adopted and the population of this study was 303,768 females of reproductive age in the study area and a sample size of 246 women of reproductive age drawn through purposive sampling technique was used for the study. A researcher-developed questionnaire titled Awareness and Utilization of Maternal and Child Health Care Services Questionnaire with reliability coefficient of 0.73 was the instrument for data collection. The data were analyzed using frequency and percentage. The findings of the study indicated that there was a great awareness of maternal and child health services among women of reproductive age; utilization of maternal and child health services among women of reproductive age was good; there was a great level of utilization of maternal and child health services among women of reproductive age. Based on these findings, it was concluded that there was optimal awareness and utilization of maternal and child health services among women of reproductive age in rural areas in Akwa Ibom State. Based on the findings, recommendations were made that federal, states and local government areas should still need to reach out to other people who do not utilize maternal and child health care services; educating women and men about the importance of maternal and child health care services would make them to utilize the services and efforts should be made to fill health service gaps with substantial success through more community-based facilities and financial subsidies.*

KEY WORDS: Awareness, utilization, maternal and child health services

INTRODUCTION

Reproductive and child health programmes are aimed at providing at least three antenatal checkups which should include a weight and blood pressure check, abdominal examination, immunization against tetanus, and iron and folic acid prophylaxis, as well as anaemia management among others. Complications in pregnancy and childbirth are the leading cause of death among women of child bearing age in most developing countries, including Nigeria. Their inadequate knowledge about pregnancy care, breast feeding, and immunisation leads them to complications of pregnancy and ill health of infants. This situation is more in case of primigravida, because they have no previous experience of pregnancy. Their lower educational status and other social factors limit their access to proper antenatal care (Onasoga, 2014). The public sector health delivery system, especially for the poor and the rural areas as a whole has so far been sporadic, far from adequate, and limited in its reach. Cost, timings, distance, attitude of health providers, and other factors put the secondary care and private sector facilities out of reach of most of the poor rural residents. Other factors contributing to the inadequate reach of services are illegality, social exclusion of slums, hidden slum pockets, weak social fabric, lack of coordination among various stakeholders, and neglected political consciousness (Babalola and Fatusi, 2017).

Antenatal services though available in many facilities, their adequacy, awareness and utilization among rural population is of question. Factors influencing the awareness and utilisation of antenatal services in rural areas in Akwa Ibom State could include low educational status and they live in compromised state of living condition. This situation is directly linked to poverty; a vast majority of poor women caught in this vicious circle are young mothers in the reproductive age, who are deprived of their basic right to be healthy (Shiffman and Okonofua, 2017). High maternal morbidity and mortality rate is a huge public health problem in the developing countries of the world, including Nigeria. The maternal mortality rate in Nigeria is 630 deaths per thousand live births and Nigeria ranks 10th position in the world record of health indicators of maternal mortality (WHO, 2017). With an estimated 52,000 annual deaths, Nigeria accounts for about 10 percent of all maternal deaths, globally, and has the second highest mortality rate in the world, after India. It is also reported that, for every woman that dies from pregnancy-related causes, 20 to 30 more will develop short- and long-term damage to their reproductive organs

resulting in disabilities such as obstetric fistula, pelvic inflammatory disease, a ruptured uterus, among others (WHO, 2017).

Awareness of health services has been shown to be an important determinant of utilization of health services in developing countries. In most rural areas in Africa, one in three women lives more than five kilometres from the nearest health facility (World Bank, 2012). The scarcity of vehicles, especially in remote areas, and poor road conditions can make it extremely difficult for women to reach even relatively nearby facilities. Addai (2017) stated that women in higher socioeconomic groups tend to exhibit patterns of more frequent use of maternal health services than women in the lower socioeconomic groups, factors such as education appear to be important mediator. Another important factor in the utilization of maternity care services, especially in Africa, is the cultural background of the woman. The cultural perspective on the use of maternal health services suggests that medical need is determined not only by the presence of physical disease but also by cultural perception of illness. The use of modern health services is often influenced by awareness of the efficacy of modern health services (World Bank, 2012).

WHO (2017) contends that the immediate cause of maternal deaths is the absence and inadequacy of awareness and underutilization of the health care system. Maternal health care services are underutilized particularly among those who are in the greatest need despite the fact that they are available in most of the hospitals in Nigeria, though each hospital operates according to its own rules, regulations, policy and conditions of services depending on the available resources. Women of reproductive age are expected to seek maternal health care before, during and after delivery in the hospital, but it was observed that a low number of women visit the health centres to fully utilize these services in the study setting despite the beneficial impact.

Lack of awareness is an important factor in maternal and child health services among women of reproductive age. If women of reproductive age are not aware of the importance of maternal and child health services during pregnancy or when and where to seek medical care, they may not utilized the necessary maternal and child health services. Most of the research showed that lack of knowledge about the existing maternal and child health services and acceptance of the services rendered as the major factors influencing its utilization (Onasoga, 2014). Henok (2015) asserts that the level of awareness of maternal and child health services influences how women of reproductive age approach and handle maternal and child health care information which includes searching for it,

modifying it, sharing it, hoarding it, and even ignoring it. The author described information sharing as a voluntary act of making information available to others; handling information overload as filtering and overabundance of available information for usefulness; and dealing with multiple meanings as recognising that information items may have different meanings across different functional groups.

Normally, women of reproductive age tend to seek maternal and child health care awareness because they feel that the particular information will help them make informed health decisions and eventually improve their health outcomes (Szwajcer, 2015). However, it is not always the case that awareness on maternal and child health care services by women of reproductive age ends up actually seeking or accessing the particular health care service (Szwajcer, 2015). Several factors such as personal values, beliefs, norms and demographic characteristics could influence women of reproductive age actual decision to seek the needed health care awareness. For example, research shows that most active health information seekers tend to be young and educated women of reproductive age (Wessel, 2019). This could be due to social responsibility where by a woman is always in charge of household welfare and the family health. Furthermore, the adequacy and easiness of access to information is also an important factor when seeking awareness on maternal and child health care services. According to Wessel (2019), if the awareness is adequate and can be accessed in an efficient and effective way at the first level of the awareness system then that awareness could lead women of reproductive age at any level without a need for further processing. Similarly, how the maternal and child health care awareness is delivered to women of reproductive age during hospital visits influences their motivation to seek for additional information.

The desired outcome of every pregnancy is always a healthy mother and a healthy child. During pregnancy, a woman can develop serious life-threatening complications. Improving the wellbeing of mothers, infants and children is an important public health goal as every birth counts. Maternal and child health services are health care services provided to the women of childbearing ages in order to preserve the life of the mother and the wellbeing of the baby (Iyaniwura and Yussuf, 2019). It is one of the components of health care services aimed at providing health for all. The goal of maternal and child health services is to detect any potential complications of pregnancy and childbirth and early prevention of complications. The elements of maternal health services include prenatal care, intrapartum care and postpartum care. Utilization of maternal and child health care services among women of reproductive age is one form of health behaviours

that occurs within an institutional structure, for instance, family, society or the healthcare services. Strategic policy formulation in healthcare system should be grounded on the information concerning health promotion, seeking and utilization behaviour and the determinants of these behaviours (Iyaniwura and Yussuf, 2019).

Various factors affect the utilization, access, supply side factors and demand side factors, as well as, the environmental and geographical context. These factors can be categorized into different dimensions such as economical, geographical, or social factors are measured as specific determinants of access to health care or consequently utilization of maternal and child health care services (Ahmed, 2018). Utilization of maternal and child health care services may be influenced by the accessibility of health care facilities such as cost of the service, socio-cultural factors and distance to the health facility. The high cost of maternal and child health care services restrict many women of reproductive age from utilizing the services. Many women of reproductive age who know the importance of maternal and child health care services, attending antenatal care during pregnancy and to deliver with the help of a skilled health care provider may not utilize due to the high cost of the service (Baral and Lyons, 2012).

There is association between distance and utilization of maternal and child health care services. This could be due to the fact that many women of reproductive age find it distressing to walk long distance or to use more buses to get maternal and child health care services (Onasoga, 2012). In rural communities, there is direct link between under-utilization of maternal and child health care services and the distance to the health facility due to high transportation cost (Baral and Lyons, 2012). In many rural areas, most of the inhabitants live far away from health facility and this limits their utilization of maternal and child health care services offered in such facilities. According to Agunwa, Obi, Ndu and Omotowo (2017), some of the cultural reasons that force women of reproductive age not to utilize maternal and child health care services include cultural/religion, lack of husband's approval, and attending patronizing traditional birth attendants. Onasoga (2012) states that the culture of shyness and pain suppression influence women of reproductive age from utilization of maternal and child health care services. Although effect of religion on utilization of maternal and child health care services is not clear in literature, but it is possible, some of the misconception towards religion can affect utilization of maternal and child health care services by women of reproductive age. Baral and Lyons (2012) in a report on barriers to access and utilization of maternal and infant health services stated that health system factors such as inadequate staffing and

inaccessibility of equipment or negative staff attitude contributed to lack of utilization and inaccessibility of maternal and child health services.

Utilization of maternal and child health services among women of reproductive age may be influenced by barriers to health care services such as cost of the service, socio-cultural factors, and distance to the health facility. The high cost of maternal and child health services restrict many pregnant women to access the services. Many women who know the importance of attending maternal and child health services and the help of a skilled health care provider may not access due to the high cost of the service (Agunwa *et al.*, 2017). There is association between distance and attendance of maternal and child health services. This could be due to the fact that many pregnant women find it distressing to walk long distance or to use more buses to get maternal and child health services (Onasoga, 2012). In rural areas in Akwa Ibom State, there could be direct link between under-utilization of maternal and child health services and the distance to the health facility due to high transportation cost (Okpala, Okoye and Adeyemi, 2017). In many rural areas, most of the inhabitants live far away from health facility, this limits their access to health services offered in such facilities. A study conducted on investigation into the factors determining the utilization of antenatal care services showed that, the distance from home to the health centre was considered an important element in the consumption or use of maternal and child health services (Okpala *et al.*, 2017).

Access to health information is key to achieving health information for all. However, in many rural populations particularly in Nigeria, the access to health information is still a major challenge (Magadi, 2017). Distance to the nearest health facilities has also been found to be among the major barriers to healthcare seeking particularly to people living in non-urban areas (Magadi, 2017). The effect of distance is massive in rural areas due to lack of favourable transportation services and poor road infrastructures leading to demoralization in seeking the healthcare services. Distance to health facilities is often associated with type two delay, a delay in reaching health facility. However it also contributes to type one delay where it acts as a disincentive to seek care by the women and/or carers thus delaying their decision (Adewuyi, Bamidele, Akuoko and Adefemi, 2018). Furthermore, literature also shows that impact of distance is mediated by other factors such as care charges, cost and perceived quality of care. For example, a study by Adewuyi *et al* (2018) showed that the utilization of skilled services was not improved even after the distance to health facilities was reduced by improving road infrastructures. That is, regardless the distance to health facilities, women of reproductive age can still

effectively utilize health services if they are motivated to do so by the quality of care and reduced costs of care. However, the reverse is true for the poor, isolated and marginalized communities in developing countries. Apart from poor road infrastructures and power problems, well equipped health facilities in these areas tend to be a long way away whilst nearby facilities are extremely understaffed with limited medical equipment and supplies. Nevertheless, the persisting high maternal and child mortality rates in developing countries in general make the provision of adequate maternal health services imperative.

Onasoga (2014) reported that the major variables associated with barriers to utilization of maternal health services among respondents were poor knowledge of the existing services, previous bad obstetric history, attitude of the health care provider, availability, accessibility and husband's acceptance of the maternal health care services. Mahajan and Sharma (2014) found that more numbers of abortions (19.2%) were noted in urban study participants compared to rural area. Thus utilization of maternal and child health care services was poor in both urban and rural areas. Nuamah and Agyei-Baffour (2019) reported that in their study that many women had more than three antenatal care visits, utilized skilled delivery and postnatal care services respectively. The mothers' knowledge level of pregnancy emergencies and newborn danger signs was low. Omar (2018) found that most economic factors played significant role in determining antenatal care attendance among respondents. The study results revealed that accessibility of health facilities was important to antenatal care attendance. Distance to health facility, cultural acceptability played significant role on antenatal care attendance. The study revealed that antenatal care attendance for the district was low according to the WHO standards and this explains the high maternal and infant mortalities recorded in the district. Okpala et al (2019) reported that there was high antenatal clinic attendance (93.1%) and utilization of postnatal care services (93.1%). Also, the major factors that influenced the utilization of maternal and child health services were professionally defined needs, accessibility of health care services and economic status.

It is important that a study on awareness and utilization of maternal and child health services among women of reproductive age in rural areas in Akwa Ibom State. The findings of this study would be of immense importance to women of reproductive age, government at all levels, health care workers, the general public, local, state and federal governments and researchers. Through the findings of this study, women of reproductive age would be made to look out for the available maternal and child health services and utilize them for healthy living. It is as a result of these issues that this study assessed the

level of awareness of maternal and child health services, ascertained the level of utilization of maternal and child health services among women of reproductive age and examined the barriers to utilization of maternal and child health care services among women of reproductive age in rural areas in Akwa Ibom State.

Research Questions

1. What is the level of awareness of maternal and child health services among women of reproductive age in rural areas in Akwa Ibom State?
2. What is the level of utilization of maternal and child health services among women of reproductive age in rural areas in Akwa Ibom State?
3. What are the barriers to utilization of maternal and child health care services among women of reproductive age in rural areas in Akwa Ibom State?

RESEARCH METHOD

The descriptive survey research design was adopted for this research. It is a design which describes the present condition of a particular situation by collecting and analyzing data from a representative sample considered for the entire subjects or the entire population. This design is suitable for this study because it would enable the researchers to collect necessary data in order to examine the level of awareness and utilization of maternal and child health services among women of reproductive age in rural areas in Akwa Ibom State. The National Bureau of Statistics currently estimates the population of Akwa Ibom State at 6,497,967 with 1,483,752 females estimated as women of reproductive age. The sample size for this study was 246 women of reproductive age drawn across rural areas in the study area using purposive sampling technique. The essence of using this method of sampling was to make sure that the women who responded to the questionnaire were women who have given birth to children. The instrument used for collecting data for this study was a researcher-developed Awareness and Utilization of Maternal and Child Health Care Services Questionnaire. The instrument consisted of demographic variables such as age, educational qualification, occupation, marital status and average income per month. It also consisted of 4 items, 9 items and 8 items measuring awareness, barriers and utilization of maternal and child health care services respectively. The items on the questionnaire had “Yes” and “No” response formats. In order to ensure that the instrument was valid, it was validated by experts in Health Education and Educational Evaluation from University of Uyo. The inputs of the experts were used to develop the final copy of the instrument.

The researchers trial tested the instrument to ascertain its reliability index. Thirty copies of the instrument were distributed to thirty women of reproductive age who were not part of the study. Cronbach alpha reliability method was used and the reliability coefficient obtained for the instrument was 0.73. This reliability coefficient was considered adequate for the internal consistency of the instrument; hence, the instrument was use for the main study. The instrument was administered on women of reproductive age in the study area by the researcher. The questionnaires were administered on the women in schools, market places, churches and through house to house visitation. The respondents were asked to read instructions carefully and ask questions where necessary before responding to any statement. The researcher assisted some of the respondents who could not read to read the items for and explain to them for their understanding. Copies of the instrument appropriately responded to were retrieved by the researcher for further analysis. The data collected for this study were analyzed using descriptive statistics such as frequency and percentage. The results of the analysis were used in answering the research questions formulated for this study.

RESULTS

The distribution of the demographic variables of the respondents was done using frequency and percentage as presented in Table 1.

Table 1: Frequency and percentage of the distribution of demographic variables of the respondents

Variable	Sub-variable	Frequency	Percentage (%)
Age	15 – 25	30	12
	26 – 35	75	30
	36 – 45	98	40
	46 and above	43	18
Educational qualification	Primary	46	19
	Secondary	108	44
	Tertiary	92	37
Occupation	Trader	91	36
	Artisan	68	29
	Housewife	11	4
	Civil/Public servant	76	31
Marital status	Single	6	2
	Married	202	82
	Widowed	29	12
	Divorced	9	4
Average income per month	Below ₦20,000	86	35
	₦20,000 - ₦40,000	61	25
	₦41,000 - ₦60,000	53	22
	Above ₦60,000	46	18

Table 1 shows that the majority of the respondents 98 (40%) were between the ages of 36 to 45 years, followed by 26 to 35 years 75 (30%), and 46 years and above constituted 43 (18%) while respondents between the ages of 15 to 25 were the least with 30 (12%). The majority of the respondents 108 (44%) had secondary school certificate, followed by 92 (37%) who had completed tertiary education, while 46 (19%) finished primary education. Most of the respondents 91 (36%) were traders while 76 (31%) were civil/public servants; 68 (29%) were artisans and 11 (4%) were full time housewives. The majority of the respondents 202 (82%) were married; 29 (12%) were widowed and 9 (4%) were divorced while 6 (2%) were single. Majority of the respondents 86 (35%) had a monthly average income of below ₦20, 000, followed by 61 (25%) who earned ₦20,000 to ₦40,000 monthly; 53 (22%) earned ₦41,000 to ₦60,000, while the remaining 46 (18%) earned ₦60,000 and above monthly.

Research Question One

What is the level of awareness of maternal and child health services among women of reproductive age in rural areas in Akwa Ibom State?

In order to answer research question one, frequency and percentage were used as indicated in Table 2.

Table 2: Frequency and percentage of responses on the level of awareness of maternal and child health care services

Items	Response	Frequency	Percentage
Have you heard of maternal and child health care services before	Yes	246	100
What is your initial source of information	No	0	0
	Hospital	54	22
	School	62	25
	Mass media	71	29
	Family/Friends	51	21
	Others	8	3
Do you know what services are rendered at maternal and child health care centres?	Yes	246	100
	No	0	0
Which of these services are rendered in maternal and child health care services?	Preconception care	17	7
	Antenatal care	24	10
	Delivery care	56	23
	Postnatal care	16	6
	Family planning	11	4
	Immunization	31	13
	All	91	37

Table 2 shows the level of awareness of maternal and child health services among women of reproductive age. The table reveals that all the respondents 246 (100%) have heard of maternal and child health care services while 0 (0%) have not. Out of the 246 who have heard about maternal and child health care services, 54 (22%) of them first learned about it from the hospital, 62 (25%) from school, 71 (29%) from mass media, 51 (21%) from family and friends while other sources contributed only 8 (3%). Out of the 246 respondents, 212 (86%) claimed to know the services rendered at maternal and child health care centres while 34 (14%) did not know. Only 17 (7) agreed that preconception care is the service rendered while 24 (10%) said postnatal care and 56 (23%) said delivery care; 16 (6%) postnatal care; 11 (4%) said family planning; 31 (13%) said immunization and 91 (37%) said all the listed services are rendered by maternal and child health care services. Therefore, this result has shown that there is great awareness of maternal and child health services among women of reproductive age in rural areas in Akwa Ibom State.

Research Question Two

What is the level of utilization of maternal and child health services among women of reproductive age in rural areas in Akwa Ibom State?

In order to answer research question three, frequency and percentage were used as presented in Table 3.

Table 3: Frequency and percentage of responses on the level of utilization of maternal and child health care services

Items	Response	Frequency	Percentage
Have you ever received preconception care in health care centres	Yes	101	41
	No	145	59
I always go to health care centres to receive antenatal care	Yes	132	54
	No	114	46
Any time I want to give birth, I go to health care centre	Yes	137	56
	No	109	44
I go to health care centres for postnatal care	Yes	158	64
	No	88	36
I go to health care centre for family planning	Yes	69	28
	No	177	72
I take my children to health care centres for immunization	Yes	223	91
	No	23	9
I visit health care centres for laboratory tests for myself and children	Yes	96	39
	No	150	61
I received counselling and medical examination for myself and children from health care centres	Yes	104	42
	No	142	58

Table 3 indicates the level of utilization of maternal and child health services among women of reproductive age. Most of the respondents 145 (59%) have not gone to maternal and child health care centres to receive preconception care while 101 (41%) have received; however 132 (54%) of the respondents have received antenatal care while 114 (46%) have not; most of the respondents 137 (56%) have gone to maternal and child health care centres for delivery while 109 (44%) have not received; majority of the respondents 158 (64%) have received postnatal care from maternal and child health care centres whereas 88 (36%) did not go to received; most of the respondents 177 (72%) have not gone to maternal and child health care centres for family planning while 69 (28%) have gone for family planning; however, majority of the respondents 223 (91%) have gone to maternal and child health care centres to immunized their children whereas 23 (9%) have not; 96 (39%) respondents went to health centres for laboratory tests while 150 (61%) have not gone at all; 104 (42%) have received counselling and physical examination each for themselves and children and 142 (58%) have not. This result therefore reveals that there is a great level of utilization of maternal and child health services among women of reproductive age in rural areas in Akwa Ibom State.

Research Question Three

What are the barriers to utilization of maternal and child health care services among women of reproductive age in rural areas in Akwa Ibom State?

In order to answer research question two, frequency and percentage were used as shown in Table 4.

Table 4: Frequency and percentage of responses on the barriers to utilization of maternal and child health care services

I do not like to use maternal and child health care services because of:	Response	Frequency	Percentage
Attitude of the health care providers	Yes No	72 [174	29 [71
Lack of facilities/equipment	Yes No	37 209	15 85
Accessibility to maternal health care services	Yes No	63 183	26 74
Schedule of maternal health care clinic	Yes No	46 200	19 81
Past experience of the services rendered	Yes No	39 207	16 84
Past history of complication during pregnancy, labour or post delivery	Yes No	12 234	5 95
High cost of maternal and child health care services	Yes No	83 163	34 66
Personal believes	Yes No	28 218	11 89
Husband acceptance of the services rendered	Yes No	12 234	5 95

Table 4 indicates the barriers to utilization of maternal and child health care services among women of reproductive age. The table shows that few respondents 72 (29%) said

attitude of health care providers made them not to use maternal and child health care services while 174 (71%) disagreed; 37 (15%) respondents agreed that availability of facilities/equipment made them not to utilize maternal and child health services while 209 (85%) disagreed; 63 (26%) respondents said accessibility to maternal and child health care services made them not to use the services while 183 (84%) said no; 46 (19%) asserted that schedule of maternal and child health care services made them not to utilize the services whereas 200 (81%) said no; 39 (16%) said previous experience of the services rendered made them to stay away from the services while 207 (84%) did not agree; 12 (5%) agreed that previous history of complication during pregnancy labour or post delivery made them to stay away from the services while 234 (95%) said no; 83 (34%) said that they do not patronize maternal and child health care services because of high cost of the services whereas 163 (66%) disagreed; 28 (11%) asserted that personal belief made them not to use the services while 218 (89%) said no and 12 (5%) agreed that husband acceptance made them to stay away from maternal and healthcare services while 234 (95%) disagreed. Hence, the barriers to utilization of maternal and child health care services among women of reproductive age in rural areas in Akwa Ibom State have been identified.

DISCUSSION OF FINDINGS

The result of research question one showed that there is great awareness of maternal and child health services among women of reproductive age in rural areas in Akwa Ibom State. Lack of awareness is an important factor in maternal and child health services among women of reproductive age. If women of reproductive age are not aware of the importance of maternal and child health services during pregnancy or when and where to seek medical care, this impact maternal and child health services received. The level of awareness of maternal and child health services influences how women of reproductive age approach and handle maternal and child health care information which includes searching for it, modifying it, sharing it, hoarding it, and even ignoring it. Women of reproductive age tend to seek maternal and child health care awareness because they feel that the particular information will help them make informed health decisions and eventually improve their health outcomes. Women of reproductive age who have limited knowledge of health information, lacks decision making power with regard to their health condition and they are less likely to be the active seeker and user of health information. This finding agrees with the finding of Onasoga (2014) who found out that majority of the respondents have heard of maternal health services but only few actually knew the

main services rendered at maternal health care services. This finding also in line with that of Omar (2018) who reported that the level of awareness on maternal and child health care services was high but unfortunately this did not contribute to increasing the rate of women acquisition of the services.

The result of research question two indicated that there is a great level of utilization of maternal and child health services among women of reproductive age in rural areas in Akwa Ibom State. Maternal and child health services are health care services provided to the women of childbearing ages in order to preserve the life of the mother and the wellbeing of the baby. It is one of the components of health care services aimed at providing health for all. The goal of maternal and child health services is to detect any potential complications of pregnancy and childbirth and early prevention of complications. The elements of maternal health services include prenatal care, intrapartum care and postpartum care. Utilization of maternal and child health services has been associated with improved maternal and neonatal outcomes as health education is an important component of such service. Hence, skilled antenatal care and birth attendance have been advocated globally as the most crucial intervention to reduce maternal and child mortalities, since the majority of the complications occur during or shortly after delivery. Utilization can be a result of health seeking or health promotion activities in health facilities involving particular treatment or intervention. Utilization of maternal and child health care services among women of reproductive age occurs as a result of the interaction between healthcare providers and patients. Utilization is a multidimensional process and measures concerned with health care services usage have been expressed by means of outcomes and volume of services. This finding disagrees with that of Mahajan and Sharma (2014) who reported that utilization of maternal and child health care services were poor in both urban and rural areas of India. This finding agrees with the finding of Okpala *et al* (2019) because they found out that there was high utilization of maternal and child health care services which was influenced by some factors; and the major factors that influenced the utilization of maternal and child health services were professionally defined needs, accessibility of health care services and economic status.

The result of research question three has revealed many barriers to utilization of maternal and child health care services among women of reproductive age in rural areas in Akwa Ibom State. Some women of reproductive age do not utilize maternal and child health care services because of attitude of the health care providers, lack of facilities/equipment,

accessibility to maternal health care services, schedule of maternal health care clinic, past experience of the services rendered, past history of complication during pregnancy, labour or post delivery, high cost of maternal and child health care services, personal believes and husband acceptance of the services rendered. Utilization of maternal and child health care services represents the opportunity to reach and receive desired health and may be affected by some barriers. Various factors affect the utilization, access, supply side factors and demand side factors, as well as, the environmental and geographical context; these factors can be categorized into different dimensions such as economical, geographical, or social factors are measured as specific determinants of access to health care or consequently utilization of maternal and child health care services. This finding is in line with that of Nuamah and Agyei-Baffour (2019) who reported a suboptimal access and utilization of maternal healthcare in rural districts of Ghana which were influenced by socio-economic characteristics of pregnant mothers. This finding also agrees with the finding of Omar (2018) as he found out that most socio-demographic factors and distance influenced antenatal care attendance.

CONCLUSION

This study examined awareness and utilization of maternal and child health services among women of reproductive age in rural Areas in Akwa Ibom State. The results revealed great awareness of maternal and child health services among women of reproductive age, great utilization of maternal and child health services among women of reproductive age as well as many barriers to utilization of maternal and child health services among women of reproductive age. Based on these findings, it was concluded that there was optimal awareness and utilization of maternal and child health services among women of reproductive age in rural areas in Akwa Ibom State. Attitude of the health care providers, lack of facilities/equipment, accessibility to maternal health care services, schedule of maternal health care clinic, past experience of the services rendered, past history of complication during pregnancy, labour or post delivery, high cost of maternal and child health care services, personal believes and husband acceptance of the services rendered are some of the barriers to utilization of maternal and child health services among women of reproductive age. This research could not cover all aspects of maternal and child health care, it is necessary that future research examines availability of facilities and attitude of health care workers in the discharge of maternal and child health services.

Recommendations

1. NGOs, individuals, federal, states and local government areas should carry out a sustained and focused campaign to improve the awareness in all communities on maternal and child health care services as it would help in improving community participation leading to sustaining and improving the quality, accessibility and utilization of maternal health care services provided by the government agencies in both rural and urban areas.

2 NGOs, individuals, federal, states and local government areas should still need to reach out to other people who do not utilize maternal and child health care services; educating women and men about the importance of maternal and child health care services would make them to utilize the services. Efforts should be made to fill health service gaps with substantial success through more community-based facilities and financial subsidies.

3 It is imperative for NGOs, individuals, federal, states, local government areas, all health care workers and stakeholders to understand the barriers that hinder women from utilizing maternal health care services as this provides evidence to address women's problems and ensure effective utilization of available maternal health services. Therefore, they should try as much as possible to eradicate these barriers.

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