
Factors Influencing the Utilisation of Maternal Health Care Services Among Women of Reproductive Age in Lagos Island LGA, Lagos State

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ABSTRACT: *Nigeria has one of the highest rates of maternal deaths during pregnancy, childbirth and after childbirth among the developing countries. Therefore, it is important to identify the factors influencing the utilization of maternal health care services among women of reproductive age. This study was conducted to assess the level of utilization of maternal health care services and it examined factors influencing the utilization of the maternal health care services among women of reproductive age. This study was a cross-sectional descriptive design. Proportionate stratified sampling technique was used to select the markets, while convenience sampling technique was used to select 297 participants. The instrument used for data collection was a self-structured questionnaire that was divided into three sections (sections A-C). The validity and reliability of the instrument was established before used. The descriptive statistics was employed to answer the research questions, while Pearson correlation and chi-square analysis were employed to test the hypotheses at 0.05 level of significant. Findings showed that the level of utilization of maternal health care services was low. There was a significant relationship between factors influencing the utilization of maternal services and the level of utilization of the services among the women of reproductive age ($r = .516, p = <0.05$). Conversely, the socio-demographic factors were not significantly related to the level of utilization of maternal health services among participants. It was recommended among others that there should be education in form of orientation for women on the need for them to utilize MHCS during pregnancy and delivery and after childbirth.*

KEYWORDS: factors, maternal, child health care services, women, reproductive age

INTRODUCTION

Women play principal and critical roles in bearing and nurturing children. As such, maternity-related deaths are a tragedy to the family and the society at large. During the process of child bearing, an average woman encounters some life-threatening complications. These complications may result in morbidities, disabilities, and mortalities. Pregnancy-related complications are the leading causes of death and disabilities for women aged 15-49 in developing countries. World

Health Organization (WHO) estimates that more than half a million women lose their lives in the process of reproduction worldwide yearly, with about 99 per cent often from developing countries (Jonathan & John, 2019). Sub-Saharan Africa is responsible for more than fifty per cent of maternal deaths occurring in developing countries. This means that out of every 26 pregnant women, one woman dies as a result of pregnancy and childbirth in Sub-Saharan Africa (Mumtaz, et al, 2019). Nigeria, being a part of Sub-Sahara Africa accounts for more than 40,000 maternal deaths. This is roughly over 14% of the global statistics.

A woman's vulnerability to death from pregnancy and at childbirth in Nigeria is 1/13. The deaths of new born babies in Nigeria represent a quarter of the total number of deaths of children under five years of age. According to UNICEF Nigeria, Nigeria loses about 2,300 under- five and 145 women of childbearing age every single year (UNICEF, 2021). This makes the country the second largest contributor to the under-five and maternal mortality rate in the world. The majority of these occur within the first week of life mainly due to complications during pregnancy and delivery. These outrageous deaths have been attributed to poor/lack of utilization of maternal health care service. As such, the risk of women in a developing country dying from maternal related problems during their lifetime is about eighty times higher compared to a woman living in a developed country (WHO, 2021)

The provision of quality facility-based obstetric and paediatric care is the first step to preventing complications and saving the lives of mothers. There are at least 9.2 million women and girls that require these facilities every year in Nigeria. During pregnancy, any of these women can develop serious life-threatening complications. Therefore, it is important to provide enough facility to meet the needs of all the women. Thankfully, great efforts have been made to improve maternal health in Nigeria in the last 10 years (Jonathan & John, 2019).

The desired outcome of every pregnancy is always a healthy mother and a healthy child. The most important goal of the public health service is to improve the wellbeing of all mothers, infants, and children. Maternal 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 can also be defined as the care given to women during pregnancy, childbirth and postpartum periods to ensure good health outcomes for the woman and baby. It is one of the components of primary health care services aimed at providing health for all. The goal of maternal health services is to prevent and detect any potential complication in pregnancy and childbirth. The elements of maternal health services include prenatal care, intra-partum care and postpartum care. Each element is helpful in maternal survival as it reduces maternal mortality and morbidity as well as improving the wellbeing of mothers and their children before, during and after birth (Wajala, et al, 2016). The World Health Organisation (2020) estimated that 74 percent of mortality and morbidity could be averted if all women had access to interventions that address complications of pregnancy and childbirth especially emergency obstetric care.

Utilization of maternal health services may depend on nearness to the facility, attitude of healthcare professionals, spousal approval, income status, availability of free health, religious/cultural

barriers, educational status, traditional birth attendants and health care system itself. Research has also shown that, especially in developing countries, giving birth in professional facilities with the help of skilled birth attendants significantly decreases the maternal mortality rate. The physical distance between mothers' residences and the closest medical facility is also an important factor, because receiving special treatment immediately after childbirth prevents complications and consequently improves maternal mortality rates (Abdullah, 2020).

The reasons for high maternal and neonatal mortality rates in Nigeria include the lack of optimal use of antenatal and delivery services (Obiechina & Ekenedo, 2013), cultural barriers to accessing modern health services (Titaley, et al, 2019), costly transportation fares and fees for services rendered, (Obiechina & Ekenedo, 2013; United Health Foundation, 2018), lack of knowledge on the benefits of using modern health services (Ezugwu, et al 2014), poorly equipped health facilities (Olusanya, 2019), and the low status of women in highly patriarchal communities of sub-Saharan Africa (Adamu & Salihu, 2016).

A study conducted in Southwest Nigeria, who are predominantly of Yoruba ethnicity and Christians, reported that at least two thirds of the respondents delivered in homes and at least 80% of those that delivered in homes used unskilled birth attendants (Adelaja, 2018). A qualitative study in rural Nigeria on underutilization of formal maternal care revealed Perceived reasons for the underutilization of formal maternal care included poor qualities of care, physical inaccessibility, financial inaccessibility, and lack of community knowledge (Fantaye, et al 2019). Moreover, 67% and 33% of the total home deliveries were reported to be planned and unplanned respectively. For those who reported to have planned home deliveries, the reason cited was convenience and comfort, while those reporting unplanned home deliveries cited obstacles such as sudden labor pains, lack of transportation, no person to accompany the mother to the hospital, and cost (Adelaja, 2018). This demonstrates that, religion might not be the only underlying reason for the practice of home delivery in Nigeria.

Jonathan and John (2019) found that some sociocultural factors such as age, religion, traditional belief system, education, and marital status influence women's use of MHCS in the Talensi District, Ghana. Also reported by Jonathan and John are factors such as women's National Health Insurance Scheme status, distance to health center, and attitude of health care professional.

The consequences of the under-utilization of the maternal healthcare services by the woman of reproductive age in Lagos Island could result into inability of the country to cut down the incidence of maternal death during pregnancy, at child birth and after birth, leading to persistent high maternal mortality rate. Therefore, there is need to assess the level of utilization of maternal health care's services and examining those factors influencing the utilization of the child health care services among women of reproductive age. This study was conducted to fill the gap in knowledge as it focuses on factors influencing the utilisation of maternal health care services among women of reproductive age in Lagos Island LGA, Lagos State. The specific objectives were to;

1. assess the level of utilization of maternal health care services; and

2. examine the factors influencing the utilisation of maternal services among women of reproductive age.

Research Questions

1. What is the level of utilization of maternal health care services in Lagos Island LGA, Lagos State?
2. What are the factors influencing the utilisation of maternal health care services among women of reproductive age in Lagos Island LGA, Lagos State?

Research Hypotheses

Ho1: There is no significant relationship between factors influencing the utilisation of maternal services and the level of utilisation of maternal health services among women of reproductive age.

Ho2: There is no significant relationship between socio-demographic variables and the level of utilisation of maternal health services among women of reproductive age.

METHODOLOGY

This study adopted a descriptive cross-sectional research design. The target population of this study consisted of 830 registered market women in the selected markets in Lagos Island Local Government Area of Lagos State. The sample size of 297 was derived through the use of Taro Yamane formula was applied. Proportionate stratified sampling technique and convenience sampling technique were used to select registered market women from the selected five markets in Lagos Island Local Government Area of Lagos State.

The instrument was a structured questionnaire on factors influencing the utilisation of maternal health services among women of reproductive age. The structured questionnaire comprised of three sections, A, B and C. The self-structured questionnaire was designed based on the specific objectives of the study and given to experts in the field of Research and Statistics to ensure face and content validity. Amendment and corrections from their observations was made on the instrument. The corrected and validated version of the questionnaire was administered to 10% of the sample size (29 respondents) in one community outside the sampled area. The overall reliability index was calculated using Cronbach's Alpha which yielded value of 0.862.

Data collected from the questionnaire were analyzed using the Statistical Package for the Social Sciences software (SPSS) version 27.0. The data were coded and analyzed using both descriptive and inferential statistics. The research questions were answered via descriptive statistics while inferential statistics were used to test the formulated hypotheses at 0.05 level of significance.

RESULTS

Research Question 1: What is the level of utilization of maternal health care services in Lagos Island LGA, Lagos State?

Table 1: Utilization of maternal health care services N= 271

S/N	ITEMS	Always (%)	Someti mes (%)	Occasi onally (%)	Never (%)	Mean	SD
1.	I usually have more than four ante-natal contacts	4 (1.5)	97 (35.8)	150 (55.4)	20 (7.4)	2.31	0.63
2.	The place of my childbirth is at the hospital	6 (2.2)	100 (36.9)	148 (54.6)	17 (6.3)	2.35	0.63
3.	I do complete the continuum of maternal care	31 (11.4)	125 (46.1)	103 (38.0)	12 (4.4)	2.65	0.74
4.	I attended post natal care after the delivery of my babies	30 (11.1)	125 (46.1)	104 (38.4)	12 (4.4)	2.64	0.74
5.	I use Primary Health Care (PHC) for child delivery	6 (2.2)	100 (36.9)	148 (54.6)	17 (6.3)	2.35	0.63
6.	My last baby was delivered at the PHC	40 (14.8)	134 (49.4)	89 (32.8)	8 (3.0)	2.76	0.73
7.	I follow the health education given to us by nurses at the PHC	8 (3.0)	107 (39.5)	141 (52.0)	15 (5.5)	2.40	0.64
8.	I use the nearest PHC facility for my Tetanus Toxoid (TT) vaccine	64 (23.6)	162 (59.8)	22 (8.1)	23 (8.5)	2.99	0.81
9.	I am usually attended to by skilled health professionals at the PHC	50 (18.5)	148 (54.6)	32 (11.8)	41 (15.1)	2.76	0.92
10.	I prevent myself from having malaria through the use of Fansidar given to me at the PHC	12 (4.4)	142 (52.4)	117 (43.2)	0 (0.0)	2.61	0.57

Table 1 showed utilization of maternal health services, only 4(1.5%) always have more than four ante-natal contacts, 97(35.8%) sometimes attend, 150(55.4%) occasionally while 20(7.4) never does. Only 6(2.2%) always use the hospital as their place of childbirth, 100(36.9%) sometimes does, 148(54.6%) occasionally while 17(6.3%) never does. Only 31(11.4%) do complete continuum care, 125(46.1%) sometimes does, 103(38.0%) occasionally while 12(4.4%) never does. Only 6(2.2%) always use PHC for child delivery, 100(36.9%) sometimes use, 148(54.6%) occasionally use while 17(6.3%) never use it. Only 40(14.8%) said their last baby was delivered at the PHC, 134(49.4%) sometimes, 89(32.8%) occasionally while 8(3%) never did. Only 8(3%) follow the health education given to them by nurses at the PHC, 107(39.5%) sometimes, 141(52%) occasionally while 15(5.5%) never did. Only 64(23.6%) always use the nearest PHC facility for their Tetanus Toxoid (TT) vaccine, 162(59.8%) sometimes, 22(8.1%) occasionally does while

23(8.5%) never did. Only 50(18.5%) are usually attended to by skilled health professionals at the PHC, 158(54.6%) sometimes, 32(11.8%) occasionally while 41(15.1%) never did. Only 12(4.4%) prevent themselves from malaria through the use of Fansidar given to them at the PHC, 142(52.4%) sometimes does, while 117(43.2%) occasionally does.

To summarize the level of utilization of maternal health care services in Lagos Island LGA, Lagos State, the following method was used

Mean = 25.82

SD = 2.96

Min = 19

Max = 36

$\bar{X} - SD = 25.82 - 2.96 = 22.86$

$\bar{X} + SD = 25.82 + 2.96 = 28.78$

Range

Scores from 19 - 22 Low Utilisation

23 – 28 Moderate Utilisation

29 – 36 High Utilisation

Table 2: Summary of level of utilization of maternal health care services

Level	Frequency	Percent
Low	196	72.3
Moderate	44	16.2
High	31	11.4
Total	271	100.0

Table 2 summarises the level of utilization of maternal health care services. From the table, 31 respondents representing 11.4 percent had high utilization of maternal health care services, 196 respondents representing 72.3 percent had low level of utilization of maternal health care services while 44 respondents representing 16.2 percent had moderate level of utilization of maternal health

care services. It could be concluded that the level of utilization of maternal health care services was low.

Research Question 2: What are the factors influencing the utilisation of maternal services among women of reproductive age in Lagos Island LGA, Lagos State?

Table 3: Factors influencing the utilisation of maternal services N= 271

S/ N	ITEMS	SA (%)	A (%)	D (%)	SD (%)	Mea n	SD	Remark
1.	My husband determines where the delivery of our babies take place	16 (5.9)	145 (53.5)	110 (40.6)	0 (0.0)	2.65	0.59	Factor
2.	Nearness to health facility determines my point of delivery	58 (21.4)	165 (60.9)	19 (7.0)	29 (10.7)	2.93	0.84	Factor
3.	Health insurance enrolment influence utilization of health care service as a mother	16 (5.9)	145 (53.5)	110 (40.6)	0 (0.0)	2.65	0.59	Factor
4.	Cost of hospital bill is a factor I put into consideration before utilizing maternal health care services	73 (26.9)	172 (63.5)	10 (3.7)	16(5.9)	3.11	0.73	Factor
5.	Hospital policies discourage me from utilization of health care services	64(23.6)	180 (66.4)	7(2.6)	20 (7.4)	3.06	0.75	Factor
6.	Expertise of health care workers in health centres	16(5.9)	145 (53.5)	110 (40.6)	6 (8.5)	2.65	0.59	Factor
7.	Sufficiency of facilities in health centres	9(3.3)	105 (38.7)	138 (50.9)	19 (7.0)	2.38	0.67	Not a Factor
8.	Personal support system for mother in health centres	16(15.9)	145 (53.5)	110 (40.6)	0 (0.0)	2.65	0.59	Factor
9.	Health talk and interaction between	68 (25.1)	170 (62.7)	20 (12.2)	13(4.8)	3.08	0.72	Factor

10.	mothers and health care workers Availability of skilled attendant at birth	68 (25.1)	203 (74.9)	0 (0.0)	0 (0.0)	3.25	0.43	Factor
11.	Difficulty in finding transportation methods	16 (5.9)	145 (53.5)	110(40.6)	0 (0.0)	2.65	0.59	Factor
12.	Financial status and affordability are always put into consideration before utilizing maternal health services	68 (25.1)	203 (74.9)	0 (0.0)	0 (0.0)	3.25	0.43	Factor
13.	Satisfaction with previous delivery is a determining factor put into consideration before utilizing maternal health services	17 (6.3)	254 (93.7)	0(0.0)	0 (0.0)	3.06	0.24	Factor
14.	Availability of traditional birth attendants	13 (4.8)	258 (95.2)	0 (0.0)	0 (0.0)	3.05	0.21	Factor
15.	Religious belief is always considered before utilizing maternal health services	0 (0.0)	153 (56.5)	118(43.5)	0 (0.0)	2.56	0.50	Factor
16.	Family elders' opinion is always put into consideration before utilizing maternal health services	13(4.8)	258 (95.2)	0 (0.0)	0 (0.0)	3.05	0.21	Factor

Mean Cut-off: 2.50 SA- Strongly Agree; A – Agree; D – Disagree; SD – Strongly Disagree

Table 3 revealed the factors influencing utilization of maternal health services, only 16(5.9%) strongly agreed their husband determines where the delivery of our babies take place, 145(53.5%) agreed, while 110(40.6%) disagreed. only 58(21.4%) strongly agreed nearness to health facility determines their point of delivery, 165(60.9%) agreed, 19(7%) disagreed while 29(10.7%) strongly disagreed. only 16(5.9%) strongly agreed health insurance enrolment influence utilization of health care service as a mother, 145(53.5%) agreed, while 110(40.6%) disagreed. Only 73(26.9%)

strongly agreed cost of hospital bill is a factor they put into consideration before utilizing maternal health care services, 172(63.5%) agreed, 10(3.7%) disagreed while 16(5.9%) strongly disagreed. Only 64(23.6%) strongly agreed hospital policies discourage them from utilization of health care services 180(66.4%) agreed, 7(2.6%) disagreed while 20(7.4%) strongly disagreed. Only 16(5.9%) strongly agreed expertise of health care workers in health centres is a factor, 145(53.5%) agreed, 110(40.6%) disagreed while 6(8.5%) strongly disagreed. Only 9(3.3%) strongly agreed sufficiency of facilities in health centres is a factor, 105(38.7%) agreed, 138(50.9%) disagreed while 19(7.0%) strongly disagreed. Only 16(15.9%) strongly agreed personal support system for mother in health centres is a factor, 145(53.5%) agreed, while 110(50.9%) disagreed. Only 68(25.1%) strongly agreed health talk and interaction between mothers and health care workers is a factor, 170(62.7%) agreed, while 20(50.9%) disagreed while 13(4.8%) strongly disagreed. Only 68(25.1%) strongly agreed to availability of skilled attendant at birth, while 203(74.9%) agreed. Only 16(5.9%) strongly agreed to difficulty in finding transportation methods, 145(53.5%) agreed while 110(40.9%) disagreed. Only 68(25.1%) strongly agreed they put financial status and affordability into consideration before utilizing maternal health services, while 203(53.5%) agreed. Only 17(6.3%) strongly agreed satisfaction with previous delivery is a determining factor put into consideration before utilizing maternal health services, while 254(93.7%) agreed. Only 13(4.8%) strongly agreed of traditional birth attendants is a factor, while 258(95.2%) agreed. Majority, 153(56.5%) agreed religious belief is always considered before utilizing maternal health services, while 118(43.5%) disagreed. Only 13(4.8%) strongly agreed family elders' opinion is always put into consideration before utilizing maternal health services, while 258(95.2%) agreed

Based on the mean cut-off mark of 2.50, it could be concluded that spousal approval, nearness to the health facility, health insurance enrolment, cost of hospital bill, hospital policies, expertise of health care workers, personal support system for mother, health talk and interaction between mothers and health care workers, availability of skilled attendant at birth, affordability and satisfaction at previous delivery are factors influencing maternal health services while sufficiency of facilities at the health centre is not a factor

Test of Hypotheses

H₀1: There is no significant relationship between factors influencing the utilisation of maternal services and the level of utilisation of maternal health services among women of reproductive age

Table 4: Pearson Correlation between factors influencing the utilisation of maternal services and the level of utilisation of maternal health services

		Factors (Maternal Services)	Utilisation
Factors(Maternal Services)	Pearson Correlation	1	.516**
	Sig. (2-tailed)		.000
	N	271	271
Utilisation	Pearson Correlation	.516**	1
	Sig. (2-tailed)	.000	
	N	271	271

The results in Table 4 revealed that there was significant relationship between factors influencing the utilisation of maternal services and the level of utilisation of maternal health services among women of reproductive age ($r = .516, p = <0.05$). This implies that the factors influencing the utilisation of maternal services and the level of utilisation of maternal health services are related. Therefore, the hypothesis stating no significant relationship between factors influencing the utilisation of maternal services and the level of utilisation of maternal health services among women of reproductive age is hereby rejected.

H₀2: There is no significant relationship between socio-demographic variables and the level of utilisation of maternal health services among women of reproductive age

Table 5: Chi-Square showing the association between socio-demographic variables and the level of utilisation of maternal health services N = 271

SN	Variable		Level of utilisation of maternal health services					
			Low (%)	Moderate (%)	High (%)	X ²	df	P
1	Age	Less than 25 years	3 (1.1)	24 (8.9)	5 (7.0)	3.720	6	.715
		25-34 years	10 (3.7)	61 (22.5)	13 (4.8)			
		35-44 years	16 (5.9)	72 (36.7)	16 (37.2)			
		45 and above	3(1.1)	39 (14.4)	10 (3.7)			
2	Marital Status	Married	17 (6.3)	97 (35.8)	17 (6.3)	9.837	6	.132
		Single	6 (2.2)	30 (11.1)	10 (3.7)			
		Divorced	1 (0.4)	39 (14.4)	11 (4.1)			
		Widowed	8(3.0)	30(11.1)	5 (1.8)			
3	Parity	One	5 (1.8)	25(9.2)	2(0.7)	10.865	6	.093
		Two	12 (4.4)	64 (23.6)	15 (5.5)			
		Three	11 (4.1)	58(21.4)	21(7.7)			

4	Highest Educational	Above Three	4(1.5)	49 (18.1)	5 (1.8)	8.484	6	.205
		No Education	17 (6.3)	85 (31.4)	0 (0.0)			
		Primary	9 (3.3)	67 (24.7)	0 (0.0)			
		Secondary	4 (1.5)	27 (10.0)	0 (0.0)			
5.	Ethnicity	Tertiary	2 (0.7)	17 (6.3)	0 (0.0)	6.730	6	.347
		Hausa	2 (0.7)	23 (8.5)	7 (2.6)			
		Yoruba	10 (3.7)	86 (31.7)	18(6.6)			
		Igbo	19(7.0)	79 (29.2)	18 (6.6)			
6.	Religion	Others	1 (0.4)	8 (3.0)	0 (0.0)	8.616	4	0.071
		Christianity	20 (7.4)	88 (32.5)	16 (5.9)			
		Islam	11 (4.1)	90 (33.2)	26 (9.6)			
7.	Monthly Income	Traditionalist	1 (0.4)	18 (6.6)	1 (0.4)	3.558	6	0.475
		Less than N20,000	4 (1.5)	28 (10.3)	5 (1.8)			
		N20,000 – N50,000	11 (4.1)	48 (17.7)	6 (2.2)			
		N51,000 – N100,000	11 (4.1)	71(26.2)	21 (7.7)			
		Above N100,000	6(2.2)	49 (18.1)	11 (4.1)			

Table 5 shows that the chi-square value obtained for age is ($\chi^2 = 3.720, p = .715$); marital status ($\chi^2 = 9.837, p = .132$); parity ($\chi^2 = 10.865, p = .093$); highest educational status ($\chi^2 = 8.484, p = .205$); ethnicity ($\chi^2 = 6.730, p = .347$); religion ($\chi^2 = 8.616, p = 0.071$); and monthly income ($\chi^2 = 3.558, p = .475$). From the table above, none of the socio-demographics variables were related to level of utilisation of maternal health services among women of reproductive age because their p-values were greater than 0.05 level of significance. Therefore, the null hypothesis is not rejected and be retained. Hence, there was no significant relationship between socio-demographic variables and the level of utilisation of maternal health services among women of reproductive age.

DISCUSSION OF FINDINGS

The findings of the study revealed that level of utilization of maternal health care services was low. In line with this finding, Kidist, et al (2013) found that about 61.6% of respondents who were mother utilise maternal health care services. Abbas and Walkern (2017) found out that that 97 per cent of the pregnant women attended the antenatal care facilities at least once while 73 per cent came at least five times or more. Mwaniki, et al (2016) concluded that the coverage of antenatal services was 26 per cent and 61 per cent of the women who received antenatal care were reported to have had 3 or more visits.

The findings of the study also revealed that spouse approval, nearness to the health facility, health insurance enrolment, cost of hospital bill, hospital policies, expertise of health care workers, personal support system for mother, health talk and interaction between mothers and health care workers, availability of skilled attendant at birth, affordability and satisfaction at previous delivery were factors influencing utilisation of maternal health services while sufficiency of facilities at the health centre was not a factor. The finding of this study is consistent with that of the finding of the study conducted by Jonathan and John (2018), the researchers found out that factor such as women's National Health Insurance Scheme status, distance to health center, and attitude of health care professional determined women's utilization of MHCS. Mumtaz, et al, (2015), found out that women's education, rich status, urbanity, self-governance, and accessibility were seen as the significant determinants of service use which is not consistent with this study finding. Iacoella and Tirivayi (2019) concluded that wealth was positively associated with the utilization of maternal healthcare services and this finding is not supported by this study finding. But, Fantaye, et al., (2019) found out that lack of health professionals in PHCs and even some hospitals was a major deterrent to maternal healthcare service and is consistent with this study finding.

The study revealed that there was significant relationship between factors influencing the utilisation of maternal services and the level of utilisation of maternal health services among women of reproductive age. Bohren et al., (2019) also found significant relationship between factors influencing the utilisation of maternal services and utilisation of maternal health services.

However, the study revealed that there was no significant relationship between socio-demographic variables and the level of utilisation of maternal health services among women of reproductive age. This finding contradicted the conclusion of Akanbi, et al., (2018) who found out that respondents' income, culture and educational status have strong significant influences on the use of maternal healthcare services. Ovikuomagbe, (2017) found out that Education significantly increased the utilization of postnatal care. Mothers' age and urban residence also significantly increased the utilization of prenatal and postnatal care but not the use of a hospital or maternity home for delivery.

CONCLUSION

Sequel to the findings of this study, it is concluded that most of the mothers had low level of utilization of maternal health care services. It is also concluded that the factors influencing the utilisation of maternal health services were related to utilisation of maternal health services while the socio-demographic variables were not associated with utilisation of maternal health services.

Recommendations

Based on the findings of this study, the following recommendations were made;

1. There should be education in form of orientation for women on the need for them to utilize MHCS during pregnancy and delivery and after childbirth.
2. The free health in Primary Health Care Centres should be free indeed and not coated with some hidden charges.

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