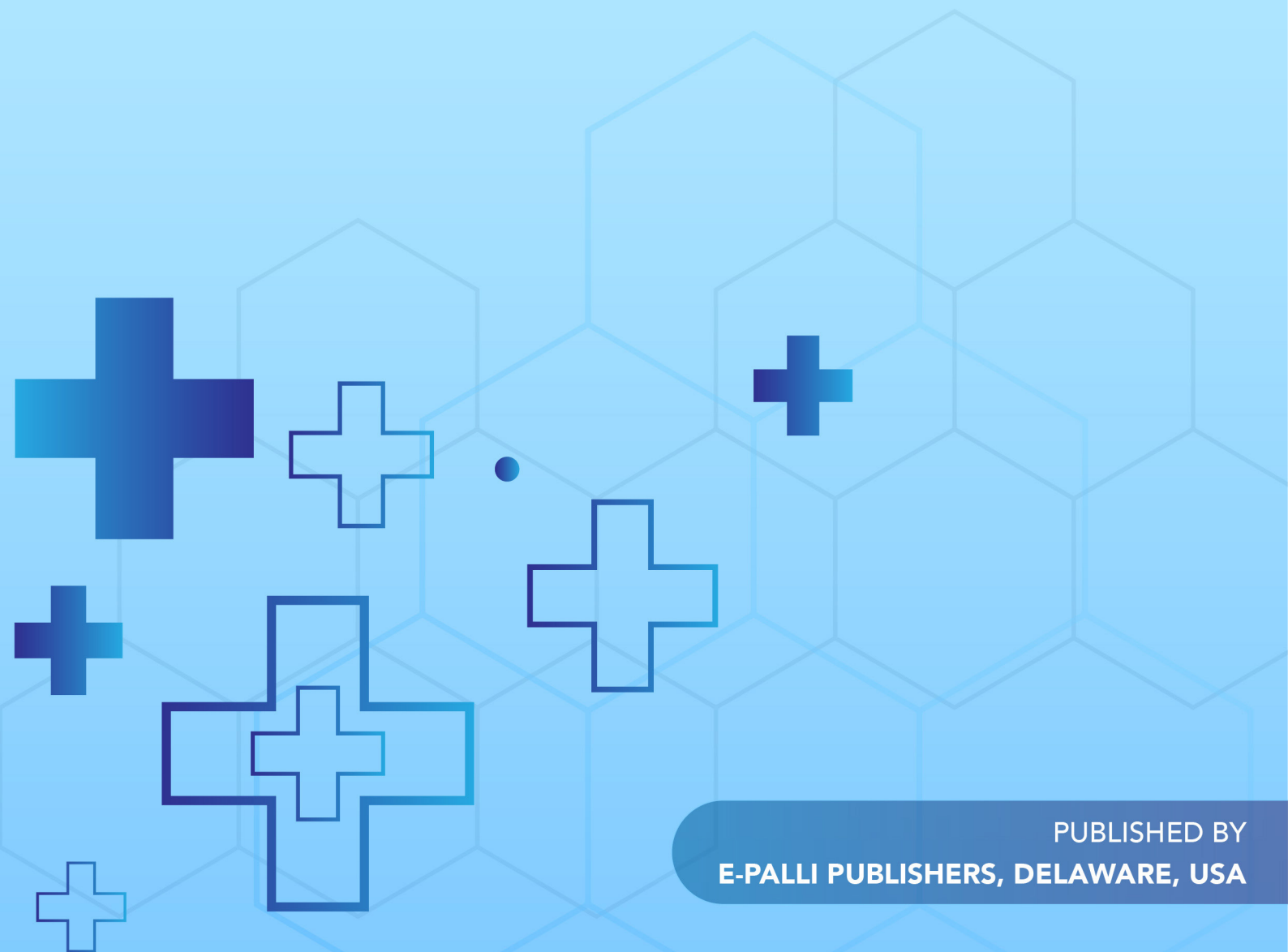




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Knowledge and Perception of Women of Reproductive Age on Utilization of Maternal Health Care Services in Akure South Local Government Area of Ondo State: A Quantitative Approach

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ABSTRACT

Even though Maternal health care services utilization is very important for further improvement of maternal health, limited evidence exists on the utilization of Maternal health care services among women of reproductive age in Nigeria. This has resulted into high rate of maternal mortality. Thus, this study aims to assess the knowledge and perception of women of reproductive age on utilization of Maternal health care services in Akure south local government area of Ondo State, south western Nigeria using a qualitative research methodology. Data were primarily sourced from 384 women of child-bearing age who were purposively selected across the communities in Akure south local government area through a multi-purpose sampling technique. Secondary Data were obtained from journals, hospital, records, government's publications, newspapers, and some internet materials that are relevant to this study. Analyses of Data were carried out with the aids of descriptive and inferential statistics. The findings revealed that majority of the respondents have good knowledge but poor perception of the Maternal health care services. Majority of the respondents opined that education and religion contributed to the utilization of Maternal health care services in the local government area. The study further revealed that there is a significant association between respondents knowledge and utilization of Maternal health care services ($R = 12.29$, $p < 0.000$). There is also a significant association between respondents religion and the utilization of Maternal health care services ($R = 8.44$, $P < 0.01$). Significant association also exists between the respondent level of education and the use of maternal healthcare service ($r = 16.20$, $p < 0.01$). But here is no significant association between the perception of the respondent and utilization of maternal healthcare service ($R = 10.25$, $p > 0.777$). The study, however, concluded that women of reproductive age in Akure South Local Government area have good knowledge and poor perception maternal healthcare service which utilization is influenced by their education especially in rural communities within the study areas and their religious affiliations. Against this background, the study recommends increased enlightenment among child-bearing women on the importance of maternal healthcare services, subsidization of cost of accessing healthcare services by the governments and NGOs, strengthening the National Health Insurance scheme to incorporate family planning into its benefit package, upgrade of the existing health facilities and establishment of more health centres in rural and semi-urban areas with explosive populations.

INTRODUCTION

The world Health Organization (WHO) 2017 described maternal health as the health of the mother during pregnancy, child health and the postpartum period and it also entails ante-natal care, postnatal care and delivery service. Maternal health has become a worldwide public health concern because the lives of millions of mothers in the reproductive age group can be saved through adequate utilization of maternal health care services.

The UNDP (2016) estimate also posited that for every maternal death, an estimated 30 to 50 women suffer from pregnancy-related health problems such as pre-eclampsia, hemorrhage, unsafe abortion, and obstructed labour among others. According to the body globally, more than 70% of maternal deaths are due to five major causes: Sepsis (29.6%), Anemia in pregnancy (3.2%), hypertension (27%), HIV (3.2%) and sickle cell disease (2.4%). These complications can occur at any time during pregnancy and childbirth, often without forewarning and

often require immediate access to emergency Obstetric care.

According to the World Health Organization (WHO), 2018, specific interventions such as iron or folic supplementation for pregnant and postpartum women, vitamin A supplementation for women, malaria prophylaxis intervention such as intermittent preventive treatment in pregnancy (IPTP) and dietary supplementation for pregnancy or lactating mothers, have helped improve maternal and child healthcare. Despite this development, the maternal mortality rate continues to increase, especially in developing countries.

The need for antenatal care and availability of trained personnel to offer to women during and delivery will go a long way in addressing issue of maternal mortality and morbidity (Okonofuga and Ogu, 2014). It was further stressed that provision of pregnant women with information, treatment of existing social and medical conditions and screening for risk factors are the solutions

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to the ever-increasing cases of maternal mortality in the country. But, a major constraint to the development, implementation and monitoring of interventions aimed at combating the problem of maternal mortality in Nigeria is lack of reliable data, as there is no organized vital registration system in the country.

The availability and utilization of maternal health care services are very important to improve maternal health among women of reproductive age in Nigeria but limited evidence exists on the utilization of maternal health care services among these women (Cooke and Tahir, 2013). Thus, this study aims at assessing the knowledge and perception of women of reproductive age on utilization of maternal health care services in Akure South Local Government area of Ondo State, South Western Nigeria. It will also identify and discuss factors that influence the choice of maternal healthcare services among these women in the same local government area.

Statement of Problem

Nigeria's high rate of maternity and infant mortality presents serious challenges to health practitioners, policymakers, governments, stakeholders and International Partners.

According to World Health Organization (WHO) 2016 report on maternal mortality, the mortality ratio of Nigeria stands at 569 per 100,000 live births. This is unacceptable.

Maternal health services are provided by Ondo-State Government at every level of health care system. Health institution in Akure South render antenatal care (ANC), delivery care, postnatal care (PNC). New born care, Basic Essential Obstetric Care (BEOC), Comprehensive Essential Obstetric Care, (CEOC), Emergency Obstetrics Care (EOC), The basic Emergency obstetric care (BEOC), comprehensive Emergency obstetrics care (comprehensive EMOC). There is a shortage of manpower across the health facilities culminating into a major problem of availability and distribution of professionals like Doctors, Clinical officers and pharmacists leaving nurses, mid-wives, and health technicians to make up the professional labour force of skilled attendants.

Similarly, utilization of maternal healthcare services among women are hampered by several factors. These militating factors include but not limited to: location of health care facilities cost of accessing services poor transportation network religion, family, education, external influence and inadequate awareness (Chakraborty, Islam, Chowdhury, Bari and Akter, 2003).

Over the years, poor knowledge and perception of women of reproductive age in most communities in Nigeria affects the utilization of maternal health care services and had contributed to, in no small measure, to high cases of maternal mortality ratio in Nigeria (Ogunmakinwa, 2023., Main, 2010).

This study is guided by the following research questions:

- What is the level of knowledge of maternal health care services among respondents?

- What is the level of perception of maternal health care services among respondents?

- What is the influence of the following variables on the utilization of maternal health care services among the respondents (i) Education (ii) Religion

LITERATURE REVIEW

Knowledge and perception of women of child bearing age on utilization of maternal health care services, the researcher posited that poor knowledge and perception of women of reproductive age have affected negatively the utilization of maternal health care services owing to many factors according to National Population Commission and ICF International, 2014. The scholar also opined that it is proper to create more awareness in respect of the subject matter. Over the years, poor knowledge and perception of women of reproductive age in most communities in Nigeria had contributed to worsening case of non-utilization of maternal health care services (Ajayi and Akpan, 2020). They, however, suggested that government at all levels should always consult the people before sitting ant health facility in communities for the people to embrace it, espousing importance of community participation.

UNICEF (2016) posited that utilization of maternal health services in most development countries in terms of utilization of antenatal, postnatal and delivery services are unfairly large, in comparison with the developed countries where it is estimated that about 97 percent of the pregnant women receive ANC and 99 percent used skilled obstetric service delivery, whereas, in developing countries only 53 percent of women use ANC service. This assertion was corroborated by World Health Organization (WHO) report of 2018 on the utilization of maternal health care services in Africa where it was affirmed that the use of Antenatal care, delivery and postnatal services by African women is one of the lowest in the world. The report, however, suggests the need for government to refocus on the improvement of antenatal care and availability of trained person to attend to women during labour and delivery most in the communities as this will go a long way in addressing the problem.

In the same vein, results from various studies have found more evidence of an association between age and utilization of ANC services. These reviewed works suggested there is association between age and utilization of maternal health care services.

Factors Determining the Utilization of Health Care Services in Nigeria

Healthcare utilization is defined as the people's use of health care services (Babalola and Fatusi, 2009. Cooke and Tahir, 2013). According to the scholars the choice of health care facilities or services among people may vary from person to person and from place to place depending on various factors predisposed to the end users. Although, good utilization of health services in any society serves to improve the quality of people's health, studies have also

shown that healthcare utilization by the people depend on availability, quality of service, socio-economic status of the people and personal characteristics of the users.

According to a research conducted in Ondo State, government-owned hospitals, private hospitals, patent medicine sellers and maternity homes were the most preferred types of facilities due to competence, effectiveness, treatment, promptness of services, quality of services and proximity of the health facilities to the residence of the users.

However, cost was a major determinant of health seeking behaviour of the people in Ayangba North Central Nigeria while equally argued was that the choice of healthcare facility utilization in the area is greatly influenced by the waiting time, especially in government owned hospitals. They argued that long queues are found in such hospitals, affecting the turnaround time for treatment and complacency on the part of the health workers as a result of having had to attend to many patient daily (Atchessi, Ridde and Zunzunegui, 2016).

The poor quality of services and poor attitude of staff are the major contributing factors for the under utilization of health facilities in the developing countries (Mimiko,2017). In addition, the competing nature of tradition medicine and modern medicine is also major concern that is posing a threat to the utilization of modern healthcare facilities in the country. A survey conducted in Benin city Edo State South- South Nigeria in 2008 revealed that for every signpost that indicated modern healthcare facilities in the city, there were also three others that indicated tradition health facility (Abimbola,Okoli, Olubanjo, Abdullahi and Pate, 2012). This suggested that quite a number of people seek medical attention in more of traditional medicine and spiritual homes than hospitals and other modern health facilities in the country.

To this end, various explanations have been put forward by theorists to explain the determinants of healthcare facilities or services utilization among people. For instance in Anderson's healthcare utilization model identified three basic factors that may determine the utilization of health facilities by the people. The first one he identified is called the propensity factors, suggesting than an individual will likely utilize a health facility if he/she believes that such health facility will be useful for his/her treatment.

The second factor he called enabling factor includes access to health insurance, family and community support as well as the location of the individual while the third factor is the basic need factor which entails perception of the need for health services which is socially evaluated. Rosenstock (1966) on the other hand came up with the health belief model which is centered on four basic assumptions. The first assumption suggests that an individual will seek health service if he or she believes he/she is vulnerable to disease. Second, health facility utilization depends on the severity of illness while the third assumption contends that an individual will seek healthcare service where he/she can get the best service at the minimum cost. However, the last assumption

suggests that individual choice of healthcare facility utilization depends on influence from friends, family members and media.

METHODOLOGY

The research design for the study is the descriptive research design. This method allows for collection of data in a quantitative manner. The study population comprises women of reproductive age residing in Akure South Local Government Area of Ondo State.

Leiz Fishers' formula was adopted to determine this study's sample size. Below is the calculation

$$n = Z^2pq/d^2$$

z = Standardized normal

p = Prevalence (0.5) obtained from previous study (knowledge and perception of women of reproductive age in Abraka in Delta State on utilization of maternal healthcare services (2007).

$$z = 1.96,$$

$$q = (1-P)$$

d = is the precision (0.05)

$$n = 1.96^2 \times 0.5 (1- P)/0.0025$$

$$n = 3.84 \times 0.5 (0.5)$$

$$n = 0.96/0.0025$$

$$n = 384$$

Thus, 384 respondents were considered as the sample size. A multistage sampling technique was adopted for the selection of participants from the study population. This type of sampling techniques requires the researcher to choose his/her samples in stages until he/she gets the required sample. In using multistage sampling, the eleven wards in Akure South Local Government Area were first identified. They are: Aponmu, Gbogi/ Isikan 1, Gbogi/ Isikan 2, Ijomu/ Obanla, Ilisa, Oda, Odopetu, Oke Aro, Iro, Isolo and Owode/ Imuagun.

Stage 1

This stage involved the using of stratified sampling technique to stratify the eleven (11) Wards in the local government.

Stage 2

Here, two (2) urban wards and 2 rural wards were selected through simple random sampling (balloting). They are Aponmu and Oda (rural wards) and Gbogi/ Isikan 2 and Oke Aro(urban wards).

Stage 3

Communities in the 4 selected wards were listed out and two communities each were selected randomly. Thus, 8 communities (4 rural and 4 urban) were selected in all. The 8 selected communities are: Oda, Ilekun, Aponmu, Ita-Oniyan, Ilisa, Oke-Aro, Gbogi and Isolo. Women in the selected communities were assessed using structured questionnaire. Their consents were secured and questions were interpreted to some of the uneducated ones in Yoruba Language which is the local dialect of the majority of the respondents. Their responses were coded and treated

with confidentiality. The questionnaire instrument had three sections; Section A - the socio- demographic profile of the respondent. Section B consists of questions raised in chapter one on the knowledge of the respondents on the utilization maternal health services while Section C centered on questions raised in respect of the perception of the respondent on utilization of maternal health care services. The questionnaire consists of both open ended and close ended questions. The reliability of the study instrument was tested through a pre-test conducted in one of the selected communities (Ilekun) to ascertain the

reliability of the research instrument (Questionnaire). A total of 30 respondents were drawn from the selected community for this purpose.

Data Presentation and Analysis

The data generated were analyzed using descriptive statistics such as frequency tables, percentages and inferential statistics (Chi-square) was also used for hypotheses testing to show association between variables under investigation. The table below provides the socio-demographic profile of the respondents.

Table 1: Age of respondents

Age group (years)	Frequency	Percentage%
≤29years	44	11.46%
30-39years	270	70.31%
≥40years	70	18.23%
Total	384	100.0

Source: Field Survey 2022

Table 1 above analyzed the ages of the respondents from the table 270 (70.31%) respondents are between age 30-39 years and 44 representing 11.46% of the respondents are 29 years and below while 70(18.23%) of them are 40 years and above. This means the majority of the respondents are within the active reproductive age. From the above table; 360 respondents representing 93.75% are married while 10 (2.6%) are single 14(3.65%) are divorced. This implies that majority of the respondents

are married women.

From the above table, majority of the respondents, 300 representing 78% are Christians while 70(18%) are Muslim and 14(3.84%) are traditional worshippers. This implies the majority of the respondents are Christians. From the table above, majority of the respondents 200(52.08%) have secondary education while 100(26.04%) have tertiary education 84(21.88%) possessed primary education. This implies that the majority of the respondents possessed secondary education.

Table 2: Marital Status

Marital Status	Frequency	Percentage%
Single	10	2.60%
Married	360	93.75%
Divorced	14	3.65%
Total	384	100.0

Table 3: Religion Profile

Religion	Frequency	Percentage%
Christianity	300	78.13%
Islam	70	18.23%
Traditional worshippers	14	3.64%
Total	384	100.0

Table 4: Education Status

Education Status	Frequency	Percentage%
Primary education	84	21.88%
Secondary education	200	52.08%
Tertiary education	100	26.04%
Total	384	100.0

Research Question 1

What is the level of knowledge of women of reproductive age on Maternal healthcare services?

From the above table, 350 respondents representing (91.15%) agreed that they are aware of the various forms of healthcare services available for women. Also,

Table 5: Respondents knowledge on Maternal healthcare service

Variable	Yes%	No%	I don't know%
Are you aware of the various forms of Maternal healthcare services available for women?	350(91.95%)	30(7.81%)	4(1.04%)
Do you consider all forms for Maternal healthcare services safe for women?	340(88.54%)	40(10.42%)	4(1.04%)
Does regular utilization of Maternal healthcare services help in safe delivery?	360(94.7%)	14(3.8%)	10(26%)
Are you aware that regular utilization of Maternal healthcare services can prevent pregnancy related diseases?	365(95.05%)	14(3.65%)	5(1.30%)

340 representing (88.54%) of the respondents equally considered all forms of maternal healthcare services safe. In the same vein, 360(93.74%) agreed that regular utilization of maternal health service help in safe delivery. 365 representing (95.05%) of the respondents also called that regular utilization of maternal healthcare services can prevent pregnancy related diseases. This implies that

the majority of respondents have good knowledge of maternal healthcare service.

Research Question 2

What is the level of perception of Maternal healthcare services among women of reproductive age?

From the above table, 180 of the respondents

Table 6: Respondents' perception of Maternal healthcare services

Variable	Yes%	No%	I don't know%
Are there enough staff in the health facility you use?	180(47%)	192(50%)	12(3.0%)
Are medical equipments available in the facility you use?	160(41.67%)	214(55.73%)	10(2.6%)
Are essential drugs readily available in the health facility you use?	148(38.55%)	203(52.86%)	33(8.59%)
Do manpower always available in their duty posts?	120(31.25%)	246(64.06%)	18(4.69%)
Are there provisions for emergency Maternal healthcare services in the facility you use	147(38.28%)	203(52.86%)	34(8.85%)

representing 47% said there are enough staff in the health facilities they used while 196 respondents representing 50% disagrees with the assertion. Also, 160 (41.67%) agreed there are medical equipment in the facility they use while 214 respondents representing 55.73% admitted there are no medical equipment in the facility they use. In the same vein, 148(52.86%) of the respondents agreed there are essential drugs in the facility they use and 200(52%) disagree that essential drugs are not readily available in the health facility they use. Majority of the respondents 246(64.86%) admitted that manpower do not always available in the duty post. Also, majority of

the respondents 203(52.86%) also disagree that there are no enough provision for emergency Maternal healthcare services in the facility the use while 147 representing (38.28%) agreed there are provisions for emergency Maternal healthcare service in the facility they attend. This implies the majority of the respondents have low perception of Maternal healthcare service in the local government area.

Research Question 3

To what extent does religion influence utilization of maternal healthcare services among respondents?

Table 7: Respondents view on extent to which religion influence their utilization of maternal healthcare services

Variable	Frequency	Percentage%
Very high	280	72.92%
High	70	18.23%
Low	34	8.85%
Total	384	100

From the table above, 280(72.92%) respondents agree that the extent to which religion influence their utilization of maternal healthcare services is very high while 70(18.23%) are of the opinion that influence of religion on the utilization is high and 34(8.85%) agreed that the influence of religion on their usage of Maternal healthcare services is low. This implies that religion

has high influence on the respondents use of Maternal healthcare services.

Research Question 4

To what extent does education influence the utilization maternal healthcare services among the respondents?

From the table above, 244 (63.54%) respondents agrees

Table 8: Respondents view on the extent to which education influence their utilization of Maternal Healthcare services

Variable	Frequency	Percentage%
Very High	244	63.54%
High	100	26.04%
Low	40	10.42%
Total	384	100

that education has very high influence on their usage of Maternal healthcare services while 100 (26.04%) are of the opinion that it has high influence and 40 (10.42%) affirmed that influence of education on their usage of maternal healthcare services is low. This implies that the majority of the respondents agree that education has a very high influence on utilization of healthcare services.

Hypotheses Testing Using Chi-square

Ho₁: There is no significant association between respondents level of knowledge and utilization of Maternal healthcare services.

Table 9:

Variable	N	Mean	Std	Sig.
Respondents knowledge	384	32.09	3.434	0.00
			12.29	
Maternal health care services	384	35.25	2.755	

From the table above, it shows there is significant association between the respondents knowledge and utilization of maternal healthcare services. R=12.29 and P<.000

Ho₂: There is no significant association between the respondents perception of maternal healthcare services and utilization of maternal healthcare services.

Table 10:

Variable	N	Mean	Std	Sig.
Perception of respondents	384	29.4	6.00	0.777
			10.25	
Maternal health care services	384	35.252	2.758	

From the table above, it shows that there is no significant association between the perception of the respondents and utilization of maternal healthcare services (R=10.25, P>0.777).

Ho₃: There is no significant relation between the respondents religion status and the use of maternal healthcare services

From the table above, the results show that there is significant association between respondents religion and the use of Maternal healthcare services. (R=8.44, P<0.01).

This implies the respondents religion inclination go a long way in determine their use of maternal healthcare services. Ho₄: There is no significant association between respondents level of education and the use of maternal healthcare services.

Table 11:

Variable	N	Mean	Std	Sig.
Respondents Religion	384	32.4	7.22	0.01
			8.44	
Maternal health care services	384	38.2	2.64	

n= 384

Table 12:

Variable	N	Mean	Std	Sig.
Respondents level of education	384	36.2	8.22	0.01
			6.20	
Maternal health care services	384	39.2	3.64	

n= 384

Results from the above table shows there is significant relationship between the respondents level of education and the use of maternal healthcare services. This implies respondents that are educated patronize maternal healthcare services more than the illiterate or respondents, with no formal education (r=6.20, P<0.01).

DISCUSSION

Findings from the analyses of data collected for the study show that there was higher percentage of married women within the age bracket of 30-39 years. The study further reveals that about 78.13% of the respondents were Christians. Analysis of the collected data revealed that most women of reproductive age in the local government have good knowledge of maternal healthcare service utilization. This is evident from the fact that 350(91.15%) of the respondents agreed that they are aware of the various maternal healthcare services available for women and only 30(9%) do not agree. Also, majority of the respondents 360(93.75%) agreed that regular utilization of maternal healthcare services help in safe delivery.

The study further revealed that most respondents have low perception of maternal healthcare services. This is evident from the fact that 192(50%) of the respondents admitted that were no enough staff at the health facilities they use. In the same vein, majority of the respondents 214(55.73%) claimed there were no medical equipment in the facility they use. Also, 203(52.86%) of the respondents claimed that essential drugs are not readily available in the healthcare facility they attend. The findings further revealed that education and religion have an influence on the choice of maternal health care services patronized by the respondents. The study showed there is significant

association between the knowledge of the respondents and utilization of maternal healthcare service ($R=12.29$, $P<.000$). There is also a significant association between the respondent's religion and utilization of maternal health services ($r=8.44$, $P<0.001$).

However, the study revealed no significant association between respondents perception of maternal healthcare services and its utilization ($r=10.25$, $P>0.777$). As regards, the level of education of the respondents, the study shows that there is significant association between the respondents level of education and the usage of maternal healthcare services ($r=6.20$, $P<0.01$). on the local government where it was concluded that women in the area have good knowledge, but poor perception of maternal healthcare services.

However, the future should carry out scientific investigation on the relationship of the child- bearing women and the utilization of health care services, while expanding on the scope of the present study so as to reflect more generalized opinions of the study population. The research did not enjoy funding from any source apart from the personal resources of the scholar.

CONCLUSION

From the findings of this study, it can be concluded that women of reproductive age in Akure South Local Government have good knowledge and poor perception of maternal healthcare services utilization which influenced the patronage of various health care facilities that are available within their area

RECOMMENDATIONS

- Government show expand the awareness campaigns about health care services utilization among mothers who live in the remote area of the local government.
- Regular training and sensitization of medical staff should be done on regular basis at the facility level to uphold ethical code of conduct.
- Government should as a matter of urgently renovate and supply medical equipments to most of the primary healthcare across centers the local government for better productivity
- Government should make health insurance scheme available to mothers in order to reduce their financial burden and family planning should be included in the scheme.
- Both government and non-governmental agencies should subsidize cost of maternal healthcare services to make them more accessible to the mothers.

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