Full Length Research Paper

Demographic characteristics of women on the utilization of Maternal Health Services at Abakaliki Urban

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The study investigated the effect of maternal age, maternal occupation, parity, number of living children and husbands' educational level on the utilization of maternal health services in Abakaliki urban. A total of 1324 women were randomly selected from different parts of the area. Questionnaire and interview schedule were used for data collection. The results show that maternal age, parity and number of living children have significant effect ($P < 0.05$) on maternal utilization of health services while maternal occupation and husband educational level do not have significant effect ($P \leq 0.05$). It was concluded from the study that the age of the mother, parity and the number of living children have effect on the maternal healthcare utilization and these factors should be considered by nurses and other healthcare providers during antenatal care counseling.

Key words: Maternal age, maternal occupation, parity, number of living children and husband educational level.

INTRODUCTION

Maternal healthcare services can be regarded as those services provided to pregnant women in order to monitor and maintain the progress in pregnancy, labour, delivery and to give mother and child proper post-natal care. World Health Organization (WHO) estimated that 587,000 maternal deaths (WHO, 2010) result each year from complications arising from pregnancy, and a high proportion of these deaths occur in Sub-Saharan Africa. Nigeria accounts for about 10% of all maternal deaths globally and has the second highest maternal mortality rate in the world after India (WHO, 2004; Adam et al., 2005). Because of this disturbing data, Nigeria is poised to pursue the United Nations millennium development goal of reducing maternal mortality by three quarter by

the year 2015, improve women's access to maternal healthcare and these are priority programmes in Nigeria. Adamu (2011) stated that women in the Southern region of Nigeria are more likely to utilize services compared to those in the North. She also noted that there are differentials in the prediction of maternal healthcare services utilization in the regions of Nigeria and that education, family wealth index and places of residence are strong predictors in the regions.

In most African communities, maternal healthcare services coexist with traditional healthcare services therefore women must choose between these options and individual perception of the efficiency of modern healthcare services and religious beliefs also play a significant

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role. In the traditional African society, decision making power is extremely limited especially on matters of reproductive health and sexuality. Decisions are made by husbands and family members (WHO 1998). McCow-Binns et al (2007) stated that the place of residence, educational level of women, exposure to mass media, birth order and economic factors are significant predictors in explaining the use of maternal healthcare services. Despite the fact that maternal healthcare utilization is essential for further improvement of maternal and child health, little is known about the current magnitude of its use and factors influence the use of these services in growing urban cities like Abakaliki the Ebonyi state capital. The aim of this study is to investigate the pattern of maternal healthcare utilization and to identify the influential factors among women of child bearing age in Abakaliki, a fast growing urban city.

METHODOLOGY

A cross-sectional survey research design was used in the study which was conducted at Abakaliki urban, South Eastern Nigeria consisting of predominantly Ibos with a population of 149, 683 (National Population Commission (NPC), 2006). The population of the study consist of married women of childbearing age (15 to 50) who have had at least one live birth in the last three years and resident in Abakaliki urban. A multistage sampling technique was used to randomly select 1,324 women. Abakaliki urban was divided into 8 areas – Kpirikpiri, New Layout, Abakpa, Okpaugwu, Azuiyokwu, Mile 50, Timber Shade, and Ezza Road area. 10 streets were randomly selected from each of the residential areas. From the selected streets, 5 buildings were randomly selected. Not more than 5 women of childbearing age were selected from each building that participated in the study. The instruments for data collection were questionnaire and interview schedules which were subjected to test and retest to ensure reliability and validity. The instructions contained questions measuring demographic variables of age, husband's educational level, occupation, parity, number of living children as well as maternal healthcare services utilization. The instruments were constructed and administered by the researchers. The data were collated and analyzed using SPSS package for percentage and analysis of variance.

RESULTS

The results of the demographic characteristic, utilization of maternal healthcare services are shown in Table 1. The results of the effect of age of the mother on utilization of maternal healthcare services are shown in Figure 1. The results show that mothers of age group 25 to 35 years utilize antenatal care and skilled attendance most followed by group 35 to 44 years while those of 15 to 24 years show the least utilization of these services. The analysis of variance (ANOVA) results show that the age of the mother has a significant effect ($P \leq 0.05$) on the utilization of maternal health care in Abakaliki urban.

The result of maternal occupation on the utilization of maternal healthcare services is shown in Figure 2. The results show that cleaners and laborers attend antenatal care more often but utilize institutional delivery and skilled attendant the least while the women professionals attend the antenatal the least but utilize the institutional delivery and skill attendants the highest. The ANOVA results show that maternal occupation has no significant difference ($P \geq 0.05$) in the utilization of maternal healthcare services in Abakaliki urban. The effect of parity on the maternal utilization of healthcare services is shown on Figure 3. The results show that mothers with parity of four utilize antenatal, institution delivery and skilled attendance highest followed by those with parity of five while those with parity of one utilized these services the least. The ANOVA results show that parity has no significant effect ($P \geq 0.05$) on maternal health services utilization in Abakaliki urban. The effects of number of living children on the utilization of maternal healthcare services are shown in Figure 4. The results show that mothers with two living children utilize antenatal care, institutional delivery and skilled attendants highest followed by those with four living children. Mothers with one living child utilize these services the least. The results of the ANOVA show that the number of living children has a significant effect ($P<0.05$) on the maternal healthcare services in the area.

The effect of educational level of the husband on the maternal utilization of maternal health services is shown in Figure 5. The results show that the educational levels of the husbands have no striking effect on the maternal utilization of maternal health services in the area. The point to note is that those mothers whose husbands possess secondary education as the highest qualification tend to utilize maternal health services the least while those whose husband's education is above secondary school show the highest utilization. The ANOVA results show that the educational level of the husband does not affect ($P \geq 0.05$) utilization of maternal health care services in the area.

DISCUSSION

The results show that maternal age affects the utilization of maternal healthcare services. This is in line with Abosse et al (2010) who reported maternal age as a predictor of antenatal care services utilization. This may be explained by the fact that mothers between the ages of 15 to 24 still do not have enough information on maternal health healthcare service while those at ages 35 to 44 years take things for granted.

It was also observed that maternal occupation is not one of the demographic factors that affect the utilization

Table 1. Demographic characteristics of women on the utilization of maternal health services.

Clients' characteristics	Types of maternal health services		
	ANC (%)	Institutional delivery (%)	Skill attendant (%)
Age (Years)			
15-24	53 (11.7)	57 (11.8)	51 (13.1)
25-34	188 (41.6)	196 (40)	148 (37.9)
35-44	147 (32.5)	153 (31.7)	127 (32.5)
45-49	64 (14.2)	76 (15.6)	64 (16.4)
Total	452 (100)	482 (100)	390 (100)
Occupation			
Cleaner /labourer/farmer	125 (27.7)	104 (22.7)	92 (23.6)
Traders	123 (27.2)	103 (22.8)	88 (22.6)
Civil servants	98 (21.7)	141 (29.3)	103 (26.4)
Accountants/ doctors/lawyers	106 (23.5)	124 (25.7)	107 (27.4)
Total	452 (100)	482 (100)	390 (100)
Parity			
One	45 (9.9)	50 (11.6)	37 (9.5)
Two	62 (13.7)	61 (12.7)	53 (13.6)
Three	90 (19.9)	103 (21.450)	83 (21.3)
Four	160 (35.4)	145 (31)	118 (30.3)
Five and above	95 (21)	117 (24.3)	99 (25.4)
Total	452 (100)	482 (100)	390 (100)
Number of living children			
One child	71 (15.7)	64 (13.3)	42 (10.8)
Two children	133 (29.4)	124 (25.7)	106 (27.2)
Three children	76 (16.8)	73 (15.1)	66 (16.9)
Four children	66 (14.6)	112 (23.2)	87 (22.3)
Five and above	106 (23.5)	109 (22.6)	89 (22.8)
Total	452 (100)	482 (100)	390 (100)
Husband educational level			
No formal education	105 (23.2)	112 (23.2)	92 (23.6)
Primary education	105 (23.2)	122 (25.2)	99 (25.4)
Secondary education	90 (19.9)	82 (17.2)	67 (17.2)
Post secondary education	152 (33.6)	160 (34.4)	132 (33.9)
Total	452 (100)	482 (100)	390 (100)

of maternal healthcare services in the area. This is not in line with a previous finding by Govindastimo and Romash (1997) and Addai (2000) that showed that women of high socio-economic group tend to exhibit a pattern of more frequent use of maternal healthcare services than women of lower socio-economic group and that education appears to be an important demographic factor. The study is in line with Eneh et al. (2012) which stated that although the use of maternal health services show variation however, it is not significant in Enugu North LGA. This they attributed to increased awareness of the population about maternity health services. There is no doubt that educated mothers are better able to break away from tradition to utilize modern means of safe guarding their own health and that of their children leading to greater utilization of maternal health services. It can be stated from this study that in an environment where maternal health services are available, traditional medical
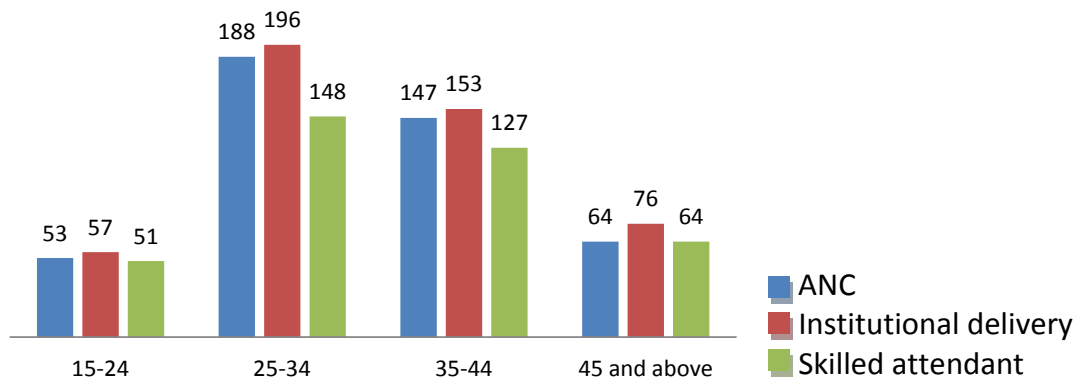
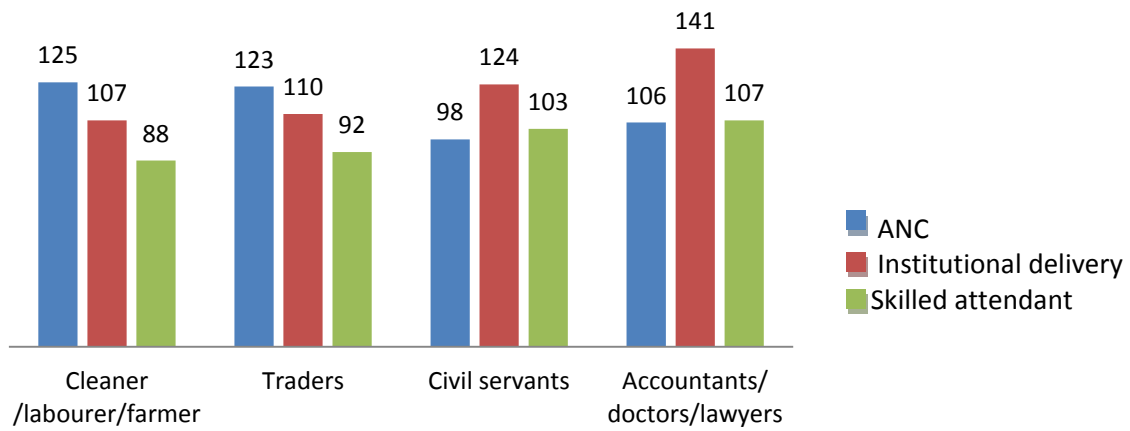**Figure 1.** Effect of age of mothers on maternal healthcare service utilization.

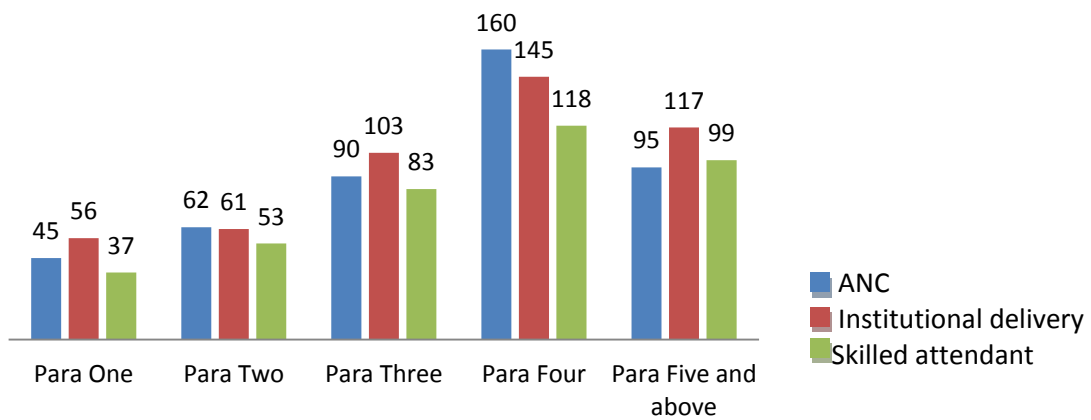**Figure 2.** Effect of maternal occupation on the utilization of maternal health service.

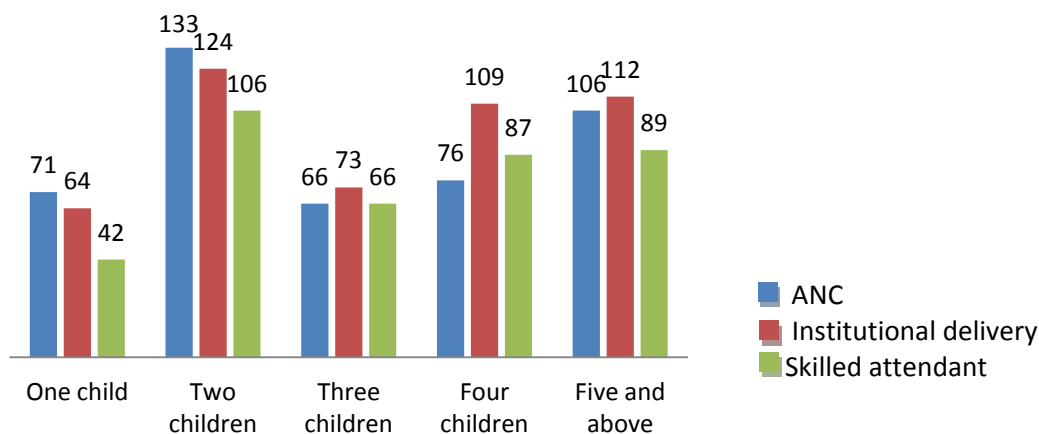**Figure 3.** Effect of parity on maternal healthcare services utilization.

Figure 4. Effect of living children on the utilization of maternal health services.
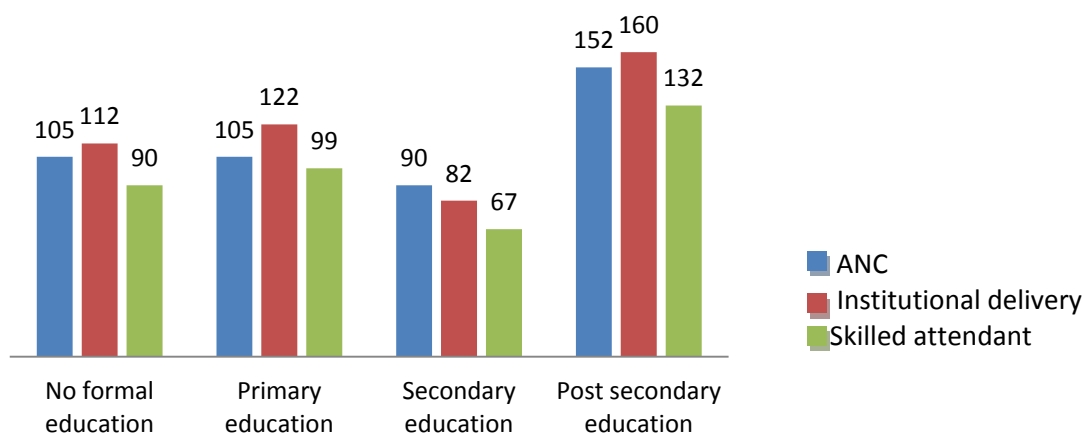

Figure 5. Effect of educational level on husband on utilization of maternal healthcare services

practice has been reduced to the minimum and aware mothers utilize maternal healthcare services equally irrespective of their occupation or level of education. It was also observed that parity and the number of living children is a demographic factor for the utilization of maternal health services. This may be explained by the fact that mothers during their second pregnancy tend to be more careful. The extra precaution tends to reduce during the third pregnancy but they become more cautious after that. This is in line with Zeine et al. (2010) and Mekonnem et al. (2002) who reported that the number of delivery experiences and parity were determinants in the utilization of antenatal care.

The study also shows that the educational level of the husband does not have a significant effect on maternal health services utilization in the area. This study does not

rule out the positive effect of the husband's attitude towards utilization of maternal health services as high-lighted in previous studies but indicate that where enough awareness has been created and services readily available, the husband's education is not a predictor of maternal health services utilization.

This does not agree with studies by the National Population Commission (NPC) (2004) and White and Carr (2007) who stated that women whose husbands were uneducated were less likely to seek orthodox healthcare services than those whose husbands had graduated from high school (secondary school). The explanation for the results of this study is that Abakaliki urban has a population with enlightened health aware-ness and also with good maternal healthcare services provided by private and public hospitals and maternities

with skilled personnel.

Conclusion

It can be concluded from the study that if a population is well informed and maternal healthcare is available, some demographic variables like maternal age, parity and number of living children affect the utilization of maternal healthcare services while maternal occupation and husband's level of education may not be important factors.

RECOMMENDATION

It is recommended from the study that nurses and other health workers who conduct antenatal clinics should put into consideration age, parity and number of living children as factors that affect maternal healthcare utilization in growing cities like Abakaliki.

LIMITATIONS OF STUDY

The scope of this study is limited by the fact that not all the factors known to affect maternal health care utilization were included.

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