

# **Child Bearing Women's Opinion On Utilisation of Maternal Health Services: Community Based Study**

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## **Abstract:**

The study utilized a qualitative approach to investigate community members' perspectives on maternal health service utilization in selected areas of Ibadan South – East Local Government Area, Oyo State. Through focus group discussions with women of reproductive age, themes emerged regarding health worker attitudes, satisfaction levels, alternative care options, and factors influencing utilization. Participants expressed mixed views on interactions with health workers, with some reporting negative experiences and others highlighting positive encounters. Despite varying satisfaction levels, primary health centers remained the preferred option due to limited alternatives. Affordability, accessibility, and availability emerged as key determinants of utilization, alongside positive interactions and satisfaction with services. These findings align with empirical evidence, emphasizing the complex nature of factors influencing maternal healthcare utilization and the need to address issues related to healthcare quality, affordability, accessibility, and provider-client interactions to improve service delivery effectively. Addressing health worker attitudes and behaviors is crucial. Training programs focusing on empathy, communication skills, and cultural sensitivity should be implemented to improve interactions with clients. Continuous monitoring and feedback mechanisms can ensure accountability and prompt action in cases of misconduct. Secondly, efforts to improve the affordability, accessibility, and availability of maternal health services are essential.

**Key words:** Child Bearing Women, Maternal Health Services, Opinion, Utilisation,

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## Introduction

The utilisation of maternal healthcare services has a crucial role in enhancing the health outcomes of both the mother and the child. Nevertheless, the level of use in Nigeria remains very low (Bello, et al., 2022). Global observations indicate that there exists a potential for maternal death during the period from 2000 to 2017. This mortality can be attributed to various factors, one of which is the underutilization or inadequate utilisation of maternal health services (Sharma, et al., 2020). The underutilization of maternal health services, namely the absence of experienced birth attendants to provide care for women of childbearing age, is a significant contributing factor to both maternal mortality and morbidity. As per the World Health Organisation (2019), the global maternal mortality ratio experienced a 38% reduction, dropping from 342 fatalities to 211 deaths per 1000 live births. According to the assessment provided by the United Nations interagency, the decline is associated with an average annual rate of reduction of 2.9%, which is lower than the anticipated aim. Every day, a significant number of women, exceeding 800, succumb to complications arising from pregnancy and childbirth. In addition to the fatalities, an estimated 20 women experience injuries, infections, or disabilities. Nigeria and India account for one-third of the total global maternal fatalities, according to many sources including WHO, UNICEF, USAID, and World Bank (2019).

The Ibadan North East Local Government is a constituent of Oyo State, comprising 29% of the state's population. Among these local government areas, women make up the biggest proportion (Ibor et al., 2017; USAID, 2018; UNFPA, WHO, & Global Fund, 2019). A cursory examination of patterns revealed that ten years ago, the majority of primary health clinics in Ibadan South East were extensively employed for the provision of maternal health services, attracting a substantial number of patients. During a field work assignment conducted by the researcher in 2019, a notable decrease in client patronage was observed, for which the health workers were unable to provide explanations. The researcher analysed retrospective data from the Health Information Management Unit of Ibadan South East Local Government Area, Mapo, Ibadan, covering the usage of maternal healthcare services in the study area from 2017 to 2020. This data was used to validate the current study. A notable decrease in the usage of Ante-natal care services, deliveries, family planning, and child immunisation was observed based on the data.

Maternal healthcare service use is influenced by multiple factors, rendering it a multifaceted issue. Socioeconomic factors and the service delivery environment have been recognised as key predictors of healthcare usage in studies undertaken in developing nations. Factors such as the quality of care, proximity to health facilities, inadequate transport services, low social status of women, age, religion, educational level, household economic status, lack of freedom and decision-making power, and cultural norms have been linked to the use of maternal care services (Joshi, et al., 2014). Babalola and Fatusi (2009) observed that a number of research undertaken in various countries, including India, Pakistan, Bangladesh, Kenya, Ethiopia, Nigeria, and Sudan, have investigated the factors influencing the utilisation of maternal services at both the individual and household levels. Despite the extensive research undertaken on the correlation between service usage and individual or household variables, a consensus regarding the consistent pattern of relationships has yet to be established. The comprehensive understanding of the interplay between several social determinants and the



utilisation of maternal health services remains incomplete. Several studies have demonstrated robust correlations, such as the positive link between education and the utilisation of skilled attendants during childbirth. However, it is important to note that the magnitude and orientation of these associations differ across various social contexts.

Studies conducted in Peru and Guatemala have demonstrated that women who have received primary education exhibit a higher propensity to utilise maternal health care in comparison to their counterparts who lack formal education. According to Osubor et al. (2016), research undertaken in Thailand and Bangladesh did not uncover any statistically significant disparities between the two educational cohorts. Hence, the authors posited that the utilisation of resources is more likely to be influenced by factors such as availability, access, cultural factors, and economic conditions, rather than the amount of education attained by women. The concept of utilisation refers to the capacity to financially access and finance the services provided at maternity healthcare centres. Enhancing the utilisation of maternal health care is a crucial approach in promoting the development of maternal health (Awotunde, et al., 2019).

Hence, the need to explore the opinion of community members of selected communities about utilisation of maternal health services.

### **Research Methods**

The study employed a qualitative study design to explore the opinion of community members on utilisation of maternal health services in selected communities in the study Area. Population of this research work comprised of reproductive aged women living within the communities where primary health centres are being located in Ibadan South – East Local Government Area, Oyo State. Twelve women of reproductive age who were not part of respondent of quantitative study were used in each community. Purposeful random sampling was used to pick the participant based on nomination of community leaders in each community of study.

Focus Group Discussion Guide (FGDG) was used to collect data. The researcher developed the instrument for collection of qualitative data (FGDG). This consisted of 9 items with 9 prompts; it was used to gather information and to explore opinion of community members on maternal health services utilisation. The focused group discussion guide comprises of semi structured questions, ordered in a sequential manner in order to sustain coherence in responses and assess community members' ability to express their experiences over the years, in order of priority. It consist of introductory greetings, followed by open-ended question with some prompts to gather detailed information from the community members about utilisation of maternal health services.

Trustworthiness is the term used in evaluation of qualitative research, it is used to represent four major constructs which are credibility, dependability, transferability and confirmability. The researcher's subjects was compared with those of the researcher's account to ensure level of correspondence between the two sets. The researcher restated, paraphrased and summarized information received from respondents to ensure that what is heard, recorded or written down is correct. Participants were allowed to ask questions and responses were summarized to ensure there is cordial understanding between the researcher's team and the participants. In order to further enhance credibility of the qualitative research, audio tape recordings of the focus group discussion was checked against the verbatim transcription.



In addressing dependability in this study, the researcher ensured consultation with a peer debriefer (Peer debriefing allows a qualified peer researcher to review and assess transcripts, emerging and final categories from those transcripts, and the final themes or findings of a given study). Commented was made by the peer debriefer on all aspects of the study, particularly data collection, analysis, and results to determine if the conclusions was similar to that of the researcher. The peer debriefer also checked on the clarity of the research plan and its potential for consistency over time and also across researchers.

To enhance transferability, the research methods including data collection, data analysis, and assumptions underlying the study were detailed and recorded. A detailed field log of all activities, contacts, and procedures, a current reflexive journal of the researcher's experiences was kept. In addition description of the contexts, perspectives, and findings that surround participants' experiences and accounts was provided. To ensure confirmability, the researcher sought for other respondent accounts that differed from the main accounts. Attention was paid to negative cases, the inclusion of corresponding and differing data or absence of disconfirming proof reinforced the validity of the data collected.

To gather qualitative data, a focus group discussion (FGD) was carried out to delve into the community members' views on the utilisation of maternal health services. The qualitative data was conducted using focus group discussion guide in the eight selected communities namely Mapo, Agbongbon, Oranyan, Orita Aperin, Odinjo, Boluwaji, Molete and Eyin Grammar. Twelve (12) women of reproductive age who were not part of respondent to the questionnaire were nominated by the community leader in each of the community for focus group discussion. The qualitative data was recorded using audio tape and points were jotted down. Field notes and audio recorder was further served as tools for gathering data. The questions in Focus group discussion were interpreted for the participants in Yoruba by the researcher. Consent of all respondents were obtained before discussion and objectives of the study were explained to them. The qualitative data (Focus group Discussion Guide) was measured and analyzed using thematic qualitative analysis

## Results

Twelve (12) participants were taken each from the eight communities where primary health centre were situated, focus group discussion guide was used for the focus group discussion.

Thematic analysis was used to analyze emerging themes as follows.

### Health workers' interaction and attitude to woman of reproductive age

Majority of the participants claimed the health workers have bad attitudes and they lack good human relation except in one community where the participants claimed the health workers have good human relations and they are very efficient.

*The health workers have poor human relations, they talk anyhow to us whenever we visit the health centres for maternal health services (A respondent from Agbongbon)*

*Majority of the healthcare workers were disrespectful and they lack manner in approaching us wherever we go to health centre (A respondent from Orita Aperin)*

*Health workers here are our friends and relate well anytime we visit health centres (A respondent from Mapo)*



### Level of satisfaction of maternal health services

None of the respondents in the eight communities of study were fully satisfied they just claimed that they were partially satisfied. Some of them even said that they were not satisfied, however, they patronized health centres because it is the best out of the worst.

*Level of satisfaction of maternal health services by women of reproductive age is fair (A respondent from Orita Aperin)*  
*We are not satisfied with the services we get from health centres, however, since it is the best out of the worst we patronize it. (A respondent from Eyin grammar)*

### Other means of assessing maternal health services

As regards other means of delivery and care of pregnancy mothers in the community respondents reported that there are a lot of alternatives to governments' health centres.

*We have several means of delivery and care of pregnant mothers in our community and a lot of woman of reproductive age patronize them especially because of unavailability of health centres. The means include home delivery by elderly women in the community, traditional birth attendants, church delivery by spiritual woman, mission hospital, private hospitals (A respondent from Orita Aperin)*

*There are plenty other means and these include home setting, traditional birth attendants, spiritualist, mission hospital. (A respondent from Oranyan)*

### Factors influencing woman of reproductive age patronage of health centre for maternal healthcare services

As regards the factors influencing women of reproductive age patronage of primary health centres for maternal healthcare, the respondents reported that there are a lot of factors which include accessibility, affordability, health workers/clients interaction, availability of personnels and materials including drugs

*The health centre is close to our community but it is neither accessible nor available because the health workers will not come to work on time (A respondent from Boluwaji)*

*The health centre in our community is accessible but its becoming not affordable, it will be good if it is affordable for us. (A respondent from Molete)*

*The health workers/women of reproductive age interaction is an essential factor in utilisation of health centre for maternal health services so help us tell the health workers to always be treating us well when we go to health centre. (A respondent from Agbongbon)*

*Help us tell health workers to be available in the centre all the time. We always want to go to health centre because it is still the cheapest in our community but they are not*



*available especially in the night. (A respondent from Eyin Grammar)*

*Help us tell government to employ more health workers and provide materials including drugs so that we can always be coming to health centre for maternal health service. (A respondent from Odinjo)*

### **Possible ways to encourage woman of reproductive age to utilise primary health centre for maternal health services**

The majority of participants believed that health worker/community members relationship and interaction coupled with affordability of the services will encourage woman of reproductive age to utilise health centres for maternal health services.

*Good human relation between health workers and women of reproductive will go a long way to encourage us to utilise primary health centre for maternal health services. (A respondent from Mapo)*

*Government should subsidise materials and drugs to encourage us in maternal health services utilisation. (A respondent from Agbongbon)*

### **Discussion of Findings**

The qualitative findings regarding health workers' interactions and attitudes towards women of reproductive age shed light on a critical aspect of healthcare service delivery. Participants from different communities provided varying perspectives, with some expressing dissatisfaction with the behavior of health workers, while others reported positive experiences.

In Agbongbon and Orita Aperin communities, participants mentioned encountering health workers with poor human relations, including disrespectful behavior and lack of manners. This sentiment is echoed in empirical findings discussing factors influencing maternal health services utilization. For instance, Gbenga-Epebinu, et al. (2020) found that negative attitudes from healthcare professionals can discourage women from seeking maternal healthcare services, regardless of their religious practices. This suggests that poor interactions with health workers can contribute to low utilization of maternal health services, as reported by respondents in Agbongbon and Orita Aperin.

Conversely, participants from Mapo community described positive interactions with health workers, indicating good human relations and efficiency in service delivery. This aligns with the broader discussion on factors influencing maternal health services utilization, where proximity to maternal healthcare centers and positive experiences with health workers are highlighted as motivators for service utilization (Tesfaye, et al., 2019). Furthermore, the level of satisfaction with maternal health services is closely linked to utilization patterns. High satisfaction levels, as reported by respondents in enjoying different services from maternal healthcare centers, are associated with increased utilization (Kebede, et al., 2020). This underscores the importance of positive interactions between health workers and clients in enhancing service utilization and satisfaction.

The qualitative findings highlight a pervasive sentiment of partial satisfaction with maternal health services among women in the studied communities. They express a dissatisfaction that



is tempered by the acknowledgment that the health centers available to them are the best options within their reach. This is echoed by the empirical findings, which reveal that women of reproductive age prefer mission and private hospitals over government-owned facilities due to factors such as the attitude of health workers, accessibility, and availability (Joshi, et al., 2014; Masters, et al., 2018).

The qualitative data indicating dissatisfaction despite utilization aligns with the empirical findings that highlight the complex interplay of factors influencing maternal health service utilization. Socioeconomic factors, healthcare quality, accessibility, and cultural beliefs all impact women's decisions regarding maternal healthcare utilization. For instance, the study mentions the influence of religious beliefs on healthcare-seeking behaviors, with some women preferring healthcare professionals regardless of their religious practices but being deterred by negative attitudes from these professionals (Al-Mutjaba et al., 2016).

Moreover, the qualitative findings regarding factors influencing maternal health service utilization, such as affordability, accessibility, and availability, are substantiated by empirical evidence. Studies cited in the empirical section underscore the significance of these factors in influencing women's decisions to seek maternal healthcare services. Additionally, the influence of healthcare workers on women's utilization of services is noted in both the qualitative and empirical findings, emphasizing the importance of positive interactions with healthcare providers in encouraging service utilization (Tesfaye et al., 2019).

Furthermore, the level of satisfaction with maternal health services, as indicated qualitatively, is addressed in the empirical findings. While the qualitative data suggest varying degrees of satisfaction with different services, the empirical section discusses high levels of satisfaction with antenatal care services in Lagos state, emphasizing the importance of factors such as the interaction between caregivers and clients, healthcare settings, and the attitude of caregivers (Ademuyiwa et al., 2021; Atiya, 2016; Kifle et al., 2017).

Lastly, the relationship between satisfaction and maternal health service utilization, as explored in the empirical findings, reflects the nuanced nature of healthcare-seeking behaviors. While there is a positive association between satisfaction and utilization, the relationship is deemed low and insignificant, highlighting the multifaceted nature of factors influencing maternal healthcare utilization (Kebede et al., 2020).

The qualitative findings mention that women of reproductive age prefer mission hospitals and private hospitals over government-owned facilities due to factors like attitude of health workers, accessibility, and availability. This aligns with the empirical finding that socioeconomic factors and the quality of healthcare delivery significantly influence healthcare utilization. For instance, Joshi et al. (2014) highlighted the importance of healthcare quality and accessibility in determining maternal care service utilization. The qualitative data mentions factors such as affordability, accessibility, and availability influencing women's decision to utilize maternal health services. These factors are echoed in the empirical findings, where affordability, accessibility, and availability are identified as major motivators for maternal health service utilization among reproductive-aged women. This is supported by the study of Tesfaye et al. (2019) which emphasizes the importance of these factors in facilitating access to maternal healthcare services.

The qualitative findings emphasize the importance of health workers' interactions with women of reproductive age in facilitating maternal health service utilization (Gbenga-





Epebinu & Ogunrinde 2020). This aligns with the empirical finding that physical interaction with health workers during maternal healthcare visits increases women's confidence and familiarity with the healthcare system, thereby encouraging them to seek skilled delivery care services. Tesfaye et al. (2019) also support this, stating that interactions with health workers play a crucial role in maternal healthcare utilization. The qualitative findings mention that respondents generally enjoy various services from maternal healthcare centers, indicating a level of satisfaction. This aligns with the empirical finding that maternal satisfaction with healthcare services plays a crucial role in utilization. Ademuyiwa et al. (2021) found a high level of satisfaction with antenatal care services among pregnant women, highlighting the importance of satisfaction in healthcare utilization.

The empirical findings reveal a positive but low insignificant relationship between the level of satisfaction and maternal health service utilization. This is in line with other studies such as Kebede et al. (2020), which suggest that maternal satisfaction plays a crucial role in healthcare utilization. This implies that while satisfaction is important, it may not always directly correlate with increased utilization, indicating the need for further investigation into the complex dynamics influencing healthcare-seeking behavior.

The emphasis on the relationship between health workers and women of reproductive age resonates with the empirical evidence that suggests the attitude of health workers significantly impacts healthcare utilization. Joshi, et al. (2014) and Masters, et al. (2018) emphasize the quality of healthcare delivery as a crucial determinant. Similarly, the qualitative findings stress the importance of good human relations between health workers and women, indicating that positive interactions can encourage women to utilize primary health centers. Secondly, the issue of affordability, highlighted by participants, is also echoed in empirical studies. The empirical findings discuss efforts by the government to decentralize healthcare services to primary health centers to make services more accessible and affordable. This is in line with Babalola and Fatusi (2019), who discuss the aim of distributing health services among communities at a bearable cost. Additionally, the qualitative findings mention the need for subsidies on materials and drugs to encourage utilization, reflecting a concern for the economic barriers to healthcare access.

Furthermore, the qualitative findings discuss factors such as peer influence, husband preference, periodic counseling sessions, and the proximity of maternal healthcare centers, which motivate maternal health services utilization. These findings are supported by various empirical studies, including Al-Mutjaba et al. (2016) and Tesfaye et al. (2016), who highlight the influence of religion and marital status on healthcare-seeking behaviors. Additionally, the level of satisfaction with maternal health services is identified as a crucial factor in utilization. This aligns with studies by Ademuyiwa et al. (2021) and Kebede et al. (2020), which emphasize the importance of patient satisfaction in healthcare utilization. The empirical findings suggest that satisfied patients are more likely to continue using healthcare services and maintain relationships with healthcare providers.

### **Conclusion**

The qualitative findings shed light on critical aspects of healthcare service delivery, particularly focusing on health workers' interactions and attitudes towards women of reproductive age, satisfaction levels with maternal health services, alternative means of accessing maternal healthcare, and factors influencing women's patronage of primary health



centers. The study reveals a mixed perception among participants, with some reporting poor interactions with health workers while others described positive experiences. Despite varying levels of satisfaction, women utilized primary health centers due to limited alternatives. Factors such as affordability, accessibility, and availability emerged as key determinants of utilization. Additionally, positive interactions with health workers and satisfaction with services were identified as crucial motivators. These qualitative insights align with empirical evidence, emphasizing the multifaceted nature of factors influencing maternal healthcare utilization and highlighting the importance of addressing issues related to healthcare quality, affordability, accessibility, and provider-client interactions to encourage women to utilize primary health centers for maternal health services effectively.

### **Recommendations**

Based on the qualitative findings and empirical evidence, several recommendations can be drawn to improve maternal healthcare utilization among women of reproductive age:

Firstly, there is a pressing need to address the attitudes and behaviors of health workers towards women seeking maternal health services. Training programs focusing on empathy, communication skills, and cultural sensitivity should be implemented to enhance the quality of interactions between health workers and clients. Furthermore, continuous monitoring and feedback mechanisms should be established to ensure accountability and prompt remedial action in cases of misconduct or disrespectful behavior. This recommendation aligns with studies that highlight the significant impact of health worker attitudes on healthcare utilization, emphasizing the importance of fostering positive relationships between providers and clients.

Secondly, efforts should be made to enhance the affordability, accessibility, and availability of maternal health services at primary health centers. Governments and healthcare authorities should prioritize the provision of subsidies for materials and drugs to reduce the financial burden on women seeking maternal healthcare. Additionally, initiatives aimed at improving transportation infrastructure and expanding the coverage of primary health centers in underserved areas are essential to ensure equitable access to services. Community-based interventions, such as mobile health clinics and outreach programs, can also help bridge gaps in accessibility, particularly in rural and remote areas where healthcare facilities are scarce.

Lastly, interventions aimed at promoting awareness and education on the importance of skilled maternal healthcare services should be prioritized. Community engagement strategies, including peer education, health campaigns, and targeted counseling sessions, can help dispel misconceptions and cultural barriers surrounding maternal health. Moreover, collaboration with religious and community leaders is crucial in advocating for the uptake of maternal healthcare services and challenging harmful traditional practices. By empowering women with knowledge and promoting a supportive environment for maternal health, communities can foster a culture of proactive healthcare-seeking behavior, ultimately improving maternal and child health outcomes. These recommendations are grounded in the identified factors influencing maternal healthcare utilization and are essential for addressing existing gaps in service delivery and promoting equitable access to quality maternal healthcare services.



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