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Maternal Healthcare Utilisation and Satisfaction Among Women of Reproductive Age in Ibadan, Oyo State

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Abstract:

Maternal healthcare services play a crucial role in reducing maternal morbidity and mortality, yet utilisation remains uneven across service types. This study assessed the utilisation of maternal healthcare services among women of reproductive age in Ibadan South-East Local Government Area, Oyo State, and examined the extent to which satisfaction with these services influenced their use. A descriptive quantitative design was employed, and a total of 322 women who had given birth and resided in the selected communities for at least six months participated. Data were collected using a researcher-developed Maternal Health Services Utilisation Questionnaire (MHSUQ), covering socio-demographic characteristics, utilisation patterns of antenatal care, labour and delivery, immunization, and family planning, as well as satisfaction with services. Descriptive statistics were used to summarize utilisation patterns and satisfaction levels, while chi-square analysis examined the relationship between satisfaction and service use. Findings revealed that immunization and labour/delivery services were more frequently utilised than antenatal care and family planning services. While the majority of women reported satisfaction with all services, satisfaction was significantly associated with utilisation only in the context of family planning. The study highlights that satisfaction alone may not drive consistent uptake of maternal health services, emphasizing the need for targeted interventions to improve awareness, accessibility, and quality of care to enhance service utilisation.

Keywords: Maternal healthcare, service utilisation, maternal satisfaction, antenatal care, family planning, reproductive-aged women,

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Introduction

Maternal health, which encompasses the well-being of women during pregnancy, childbirth, and the postpartum period, remains a central public health priority globally due to its direct influence on maternal survival and overall quality of life (WHO, 2020; Shudura, et al., 2020). It covers a wide range of essential services, including antenatal care (ANC), skilled delivery, postnatal care (PNC), family planning, immunization, and preconception services, all aimed at ensuring positive pregnancy experiences while minimizing risks of maternal morbidity and mortality (WHO, 2020). Although motherhood is traditionally perceived as fulfilling, numerous women experience significant health challenges that may result in long-term disability or death, highlighting the need for effective maternal healthcare utilisation (WHO, 2020). Globally, maternal mortality remains unacceptably high despite efforts to expand access to life-saving services, with an estimated 254,700 women dying in 2018 from pregnancy-related complications largely attributable to inadequate use of maternal health services (Akute et al., 2024; Ejioye & Gbenga-Epebinu 2021).

Low-resource countries, particularly India, Nigeria, Pakistan, Afghanistan, and the Democratic Republic of Congo, account for nearly half of global maternal deaths, reflecting persistent inequalities in access to skilled maternal care (WHO, 2020). Developing regions bear a disproportionate burden of maternal mortality, with 99% of global maternal deaths occurring in these areas and Sub-Saharan Africa alone contributing about 66% of the total burden (UNICEF, 2018). Nigeria's maternal mortality ratio of 630 per 100,000 live births places it among the highest in the world, contributing approximately 14% of global maternal deaths, a pattern strongly linked to inadequate utilisation of maternal healthcare services (World Bank, 2018). Although Nigeria operates a three-tiered health system such as primary, secondary, and tertiary, primary healthcare remains the most critical point of access because it is closest to communities and is designed to provide affordable, comprehensive care that promotes overall well-being (Sharma et al., 2020).

Despite decentralisation efforts intended to bring services closer to households, utilisation of maternal health services at primary health centres remains suboptimal, undermining the purpose of timely, community-based maternal interventions (Bello et al., 2022). Several biomedical causes of maternal deaths, such as infection, hemorrhage, obstructed labour, and eclampsia, have been widely acknowledged, but equally important non-biomedical contributors including economic constraints, sociocultural norms, gender dynamics, political limitations, health infrastructure deficits, and poor accessibility continue to impede effective service uptake in many settings (Odekunle, 2016; UNICEF, 2018). Utilisation of maternal healthcare services is shaped by a complex interplay of predisposing, enabling, and sociocultural factors such as maternal age, parity, family type, educational level, access to services, availability of skilled personnel, affordability, pregnancy intention, husband's occupation, financial difficulty, religious norms, and socio-cultural restrictions like the need for spousal approval (Abor et al., 2021; Yadav, 2019).

In some Nigerian communities, cultural practices such as purdah and gender-based decision-making norms limit women's autonomy to seek skilled maternal care, further reducing service uptake (Agbo et al., 2018). While patient satisfaction is an important determinant of continued service utilisation, evidence shows that satisfaction levels vary widely depending on interpersonal interactions, provider attitude, facility environment, client involvement, and service outcomes, with caregiver attitude being the most influential factor shaping maternal

satisfaction (Atiya, 2016). Studies using international benchmarks such as the U.S. CAHPS survey demonstrate that high levels of satisfaction in countries like Egypt and Nigeria exceeding 90% reflect the ability of providers to meet women's expectations, which in turn increases service uptake (Kebede, et al., 2020). However, the mere presence of healthcare facilities does not guarantee utilisation, as factors such as distance to facilities, availability of transportation, affordability of care, educational status, and awareness levels significantly affect maternal health-seeking behaviours (Joshi et al., 2014).

Empirical studies reveal significant disparities in utilisation patterns across communities, with rural women or those living farther from facilities being significantly less likely to attend ANC, deliver with skilled birth attendants, or receive postnatal care compared to urban or better-educated women (Osubor, et al., 2016; Mpembeni et al., 2019). For instance, only a quarter of women in some settings make the recommended four ANC visits, and many initiate care late in pregnancy, limiting opportunities for early detection of complications. Even when awareness exists, utilisation remains hindered by structural barriers such as distance and cost, as seen in studies where women living more than 5 kilometres from a facility were up to 89% less likely to access skilled delivery services (Mpembeni et al., 2019). In Nigeria, variations in satisfaction and utilisation patterns further highlight the need for context-specific investigations. For example, women attending primary health centres in Ethiopia expressed higher satisfaction compared to those visiting hospitals, suggesting that proximity and convenience strongly influence maternal health-seeking behaviour (Tesfaye et al., 2016).

Similarly, studies in Lagos State show that greater awareness of ANC services significantly increases satisfaction levels, which in turn promotes higher utilisation rates (Ademuyiwa et al., 2021). Despite the wealth of literature on determinants of maternal healthcare utilisation, there remains a lack of context-specific evidence explaining the variations in utilisation patterns within Ibadan South-East Local Government Area of Oyo State. Earlier observations revealed that nearly all primary health centres in the area were well-utilised a decade ago, yet recent field assessments and retrospective data from 2017 to 2020 indicate a marked decline in the uptake of ANC, skilled delivery, family planning, and child immunization services. While previous studies linked utilisation patterns in Ibadan North to age, culture, income, education, religion, marital status, and occupation (Giimu et al., 2018), these findings cannot be assumed to apply to Ibadan South-East due to contextual differences.

The persistent decline in service utilisation, if unaddressed, may reverse maternal health gains by increasing morbidity and mortality risks, as women facing complications may fail to access skilled care when needed, leading to severe consequences for both mothers and infants, including malnutrition, infections, psychological distress, and increased child vulnerability (WHO, 2019). These gaps underscore the need to identify the specific predictors of maternal healthcare utilisation among reproductive-aged women in Ibadan South-East Local Government, thereby informing targeted interventions that can improve health outcomes and reduce the burden of preventable maternal deaths in the region.

The aim of the study is to assess the utilisation of maternal healthcare services among women of reproductive age and examine the extent to which their level of satisfaction influences the use of these services. The specific objectives are:

1. To determine the pattern of utilisation of key maternal healthcare services (antenatal care, labour and delivery, immunization, and family planning) among women of reproductive age.

2. To assess women's level of satisfaction with the maternal healthcare services available to them.
3. To examine the relationship between satisfaction with maternal healthcare services and actual utilisation of these services.

Materials and Methods

The study employed a descriptive quantitative research design. The population comprised reproductive-aged women residing in the communities where primary health centres (PHCs) are located, estimated at 94,979 women according to the 2006 national census. The study focused on women who had previously given birth, had lived in the selected communities for at least six months, and had a child aged between one month and two years. Women who did not provide consent or were not healthy enough to participate were excluded from the study. The sample size was calculated using Cochran's formula, based on a prevalence rate of 76% for maternal health service utilisation, resulting in a minimum sample of 280 participants. To account for potential non-response, the sample was increased by 15%, yielding a total of 322 respondents. A multi-stage sampling technique was employed to select participants. Ibadan South-East LGA was purposively selected due to observed declines in maternal health service utilisation confirmed by local health records. Eight primary health centres were then selected through simple random sampling. Within the communities, proportional allocation was applied to determine the number of households to be sampled in each area, and systematic sampling was used to select households. Where more than one eligible woman resided in a household, simple random sampling was used to select the respondent.

Data were collected using a researcher-developed Maternal Health Services Utilisation Questionnaire (MHSUQ), which was designed based on an extensive review of literature. The questionnaire comprised three sections, including socio-demographic characteristics, utilisation patterns of maternal health services, and level of satisfaction with services. The instrument was validated through expert review by specialists in reproductive health and nursing, and modifications were made based on feedback to ensure relevance, clarity, and adequacy in addressing the research objectives. Reliability testing of the pretested questionnaire on 32 participants yielded a Cronbach's alpha coefficient of 0.75, indicating good internal consistency.

Data collection was conducted by the researcher with the assistance of two trained research assistants, who were instructed on proper communication, translation for participants who did not understand English, and ethical considerations. Community entry was facilitated through community leaders, who provided guidance and ensured participants' cooperation. Each household was enumerated, and participants were selected systematically according to the sampling plan. Informed consent was obtained from all respondents, and they were assured of confidentiality and anonymity. Ethical approval was obtained from the Oyo State Ministry of Health Ethical Review Committee, and permission was sought from community leaders before data collection commenced.

Collected data were coded and entered into SPSS version 28. Descriptive statistics, including frequencies, percentages, and means, were used to summarise socio-demographic characteristics and levels of maternal health service utilisation. Inferential statistics (chi-square test) was employed to test the study hypothesis. Throughout the study, ethical principles of beneficence, non-maleficence, voluntariness, and confidentiality were strictly adhered to, ensuring participants' welfare and safeguarding the integrity of the research

process.

Results

The findings of this study shows that 94% of the respondent are Yoruba by tribe, 68% of the respondents are Muslim by religion followed by 31% of the respondents who practice Christianity, 1% of them are traditional worshippers, 51% of the respondents have secondary school education, 78% of them are married while 62% practiced monogamy. Other details of socio demographic data are depicted in the table 1:

Table 1: Socio-Demographic features of the participants

Demographic Variables	Frequency	Percentages
Ethnic Group		
Yoruba	302	94
Hausa	11	3
Igbo	8	2
Other Specified	1	1
Religion		
Islam	220	68
Christianity	99	31
Traditional	3	1
Level of Education		
Non-formal	10	3
Primary	46	15
Secondary	165	51
Tertiary	101	31
Marital Status		
Single	29	9
Married	252	78
Divorced	19	6
Widowed	5	1.6
Separated	17	5
Family Type		
Monogamous	199	62
Polygamous	123	38

Table 2: Descriptive Analysis showing utilisation of maternal healthcare services among reproductive aged women

Service Category	Average Proper Utilisation (%)
Antenatal Care (ANC)	41.56
Labour and Delivery	55.86
Immunization	64.33
Family Planning	4.33

The descriptive analysis of maternal healthcare service utilisation among reproductive-aged women reveals notable variations across different service categories. Immunization services recorded the highest average proper utilisation at 64.33%, indicating relatively strong engagement with postnatal preventive care. Labour and delivery services followed with a moderate utilisation rate of 55.86%, suggesting that more than half of the women accessed essential intrapartum care. Antenatal care services had a lower average utilisation of 41.56%, highlighting gaps in early pregnancy monitoring and preventive interventions. Family planning services exhibited the lowest utilisation at 4.33%, reflecting minimal engagement with reproductive health planning and postnatal contraceptive options. Overall, the findings suggest that while women are more likely to utilise services directly related to childbirth and postnatal care, significant challenges persist in accessing or consistently using preventive and reproductive health services, emphasizing the need for targeted interventions to improve awareness, accessibility, and uptake of antenatal and family planning services.

Table 3: Descriptive Analysis showing maternal healthcare services satisfaction level among reproductive aged women

S/N	Level of Satisfaction		
	Services	**Not Satisfied**	**Satisfied**
1.	Ante-natal Care	69 (21%)	253 (79%)
2.	Labour/Delivery	98 (30%)	224 (70%)
3.	Immunization	76 (24%)	246 (76%)
4.	Family Planning	53 (17%)	269 (84%)

The findings reveals that some of the participants were satisfied with antenatal care 253 (79%) labour/delivery, 224 (70%), immunization 246(76%) while with family planning 269(84%) of the respondent were satisfied, however few of the respondents were not satisfied (antenatal care) 69(21%), labour/delivery 98(30%) immunization 76(24%) then family planning 53(17%).

Hypothesis Testing

$H_0$1: There is no significant relationship between level of satisfaction of maternal health service and utilisation of maternal health service among women of reproductive age in study area

Table 4: Chi-square association between level of satisfaction of maternal health service and utilisation of maternal health service

Service Category	X^2	df	P-Value	Remark
Ante Natal Care	0.90	1	0.340	Not Significant
Labour/Delivery	0.02	1	0.896	Not Significant
Family Planning	161.49	1	0.000	Significant
Immunization	0.249	1	0.617	Not Significant

The chi-square results assessing the relationship between women's satisfaction with maternal health services and their utilisation indicate that, for most services, satisfaction does not significantly influence utilisation. Specifically, no significant association was observed for antenatal care ($p = 0.340$), labour and delivery services ($p = 0.896$), or immunization services ($p = 0.617$), suggesting that whether women were satisfied or not did not meaningfully affect their use of these services. However, a strong and statistically significant relationship was found for family planning services ($p = 0.000$), indicating that satisfaction plays an important role in determining whether women utilise family planning services. Overall, the findings suggest partial support for the null hypothesis, as satisfaction appears unrelated to utilisation in most service categories, except in the area of family planning, where satisfaction strongly influences use.

Discussion of Findings

The findings of this study show that women of reproductive age tend to prefer mission hospitals and private healthcare facilities over government-owned hospitals, maternity homes, health centres, and health posts for most maternal health services. This preference may be linked to factors such as the attitude of healthcare workers, ease of access, and better availability of services. Maternal healthcare utilisation is widely recognized as a complex issue shaped by social, economic, and health system–related factors. Evidence from developing countries highlights the influence of socioeconomic status and quality of service delivery on women's healthcare decisions. Previous studies have identified determinants such as proximity to health facilities, transportation challenges, women's low social status, age, religion, education, household wealth, decision-making power, and cultural norms as major factors shaping maternal health service utilisation (Joshi et al., 2014; Masters et al., 2018). Although the government has attempted to decentralize healthcare through the strengthening of primary health centres to enhance accessibility and affordability, poor utilisation persists, undermining the purpose of decentralization and its anticipated improvement in community health indicators (Gbenga-Epebinu et al. 2020)

The study further reveals that respondents generally reported satisfaction with the range of maternal healthcare services received, including antenatal care, delivery services, immunization, and family planning. This level of satisfaction may be attributed to the necessity of engaging skilled healthcare providers during pregnancy and the postpartum period. The findings align with studies such as Ademuyiwa et al. (2021), which documented

high satisfaction with antenatal services among pregnant women in Lagos State. Other studies also demonstrate that maternal satisfaction is shaped by caregiver–client interactions, the nature of the healthcare environment, involvement in care processes, healthcare workers' attitudes, and birth outcomes (Atiya, 2016). Caregiver behaviour consistently emerges as a strong determinant of satisfaction. Similarly, Kifle et al. (2017) found that institutional delivery is significantly influenced by maternal education, knowledge of pregnancy complications, birth order, religion, and antenatal care attendance, suggesting that satisfaction is intertwined with wider socio-demographic and health system factors.

Despite the generally high satisfaction levels, the study found a low but positive and insignificant relationship between maternal satisfaction and maternal health service utilisation. This suggests that while satisfaction exists, it does not strongly determine whether women fully utilise available services. This finding supports earlier submissions by Kebede, et al., (2020), who argued that patient satisfaction is a vital measure of service quality and can influence continued use of health services, yet may not always directly translate into utilisation patterns. Maternal satisfaction surveys in African countries, such as Egypt and Nigeria, have reported satisfaction levels above 90%, indicating that providers often meet patient expectations; however, satisfaction alone may be insufficient to drive utilisation if structural or contextual barriers remain unaddressed. Ultimately, the findings underscore the need for improved quality of care, enhanced provider–patient relationships, and systemic reforms that address accessibility, affordability, and cultural factors to promote consistent maternal health service utilisation.

Conclusion

The study shows that maternal healthcare utilisation varies considerably across service categories, with immunization and delivery services more frequently used than antenatal and family planning services. Although many women expressed high satisfaction with most services, this satisfaction did not generally translate into increased utilisation, except in the area of family planning, where satisfaction significantly influenced use. The findings highlight that satisfaction alone is insufficient to drive consistent uptake of essential maternal services. Broader factors such as accessibility, awareness, and perceived need likely play key roles in determining utilisation patterns. Addressing these gaps is critical to improving maternal health outcomes in the study area.

Recommendations

1. Government health agencies and primary healthcare managers should strengthen awareness and health education on the importance of regular antenatal care and the benefits of family planning to improve informed health-seeking decisions among women.
2. Local government authorities, community health centres, and policymakers should enhance the accessibility and convenience of maternal health services especially antenatal and family planning through community outreach programmes, deployment of mobile clinics, and extension of facility operating hours.
3. Healthcare providers, facility administrators, and the Ministry of Health should improve the overall quality of maternal healthcare delivery by enhancing provider–patient communication, strengthening counselling services, and ensuring prompt, respectful, and client-centred care to translate satisfaction into sustained utilisation.
4. Reproductive health organisations, community leaders, and non-governmental

organisations (NGOs) should implement targeted interventions that address cultural, informational, and logistical barriers limiting women's utilisation of preventive maternal health services in the community.

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