



Factors Affecting Antenatal Care Service Utilization among Women of Childbearing Age in Obio/Akpor Local Government Area, Rivers State

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ABSTRACT

This study identify the factors associated with utilization of antenatal care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State. This study adopted a descriptive survey design with the population for the study comprised of women of childbearing age in Obio/Akpor Local Government Area was 262,350. The sample size was a total of 400 people using Taro Yamane. A multi-stage sampling procedure was used for this study. The instrument for data collection was the structured questionnaire designed by the researcher titled "Antenatal Healthcare Utilisation Questionnaire (AHUQ). The reliability of the instrument was obtained using Pearson product moment correlation and the coefficient index (0.84) determined. Collected data were coded and analyzed with the Statistical Packages for Social Science (SPSS) version 25.0. The result revealed a relationship between marital status and utilization of health care services among women of childbearing age was low ($r = 0.27$). The result illustrated a relationship between income level and utilization of health care services among women of childbearing age was high($r = 0.73$).The result depicted that there was no significant relationship between proximity to health facility and utilization of health care services among women of childbearing age was rejected ($P < 0.05$). The result revealed that there is no significant relationship between cost of healthcare services and utilization of health care services among women of childbearing age was rejected. ($P < 0.05$). The result revealed that there is no significant relationship between maternal age and utilization of health care services among women of childbearing age was rejected ($p < 0.05$). The result revealed that there was no significant relationship between marital status and utilization of health care services among women of childbearing age was not rejected ($p < 0.05$). The result revealed that there is no significant relationship between income level and utilization of health care services among women of childbearing age was rejected ($p < 0.05$). It was concluded that the extent of utilization of healthcare service among women of childbearing age were significantly determine by maternal age, proximity to the health facility, cost of health service, marital status and income status. The following recommendations were made: for this purpose, the Governments, non-governmental organization (NGOs), donor agencies and relevant stakeholders should ensure availability, accessibility and sustained advocacy of healthcare facilities.

Keywords: Antenatal Healthcare, Utilization, Women of Childbearing age

INTRODUCTION

Antenatal service has been one of the global means of preventing maternal and infant morbidity and mortality as it contributes to the promotion and maintainability of good health. Pregnancies in marriage brings joy to couple and their families. As expected, during pregnancy women are to visit the health care facility for skilled attendance. However, most women delay presenting early enough due to fear of been bewitched at the first trimester. None presentation of pregnancy to skilled professional could result in poor pregnancy and fetal outcomes, hence the need for attendance care visit (World Health Organization WHO, 2018). The term antenatal care (ANC) is used to describe the medical processes as well as care carried out during pregnancy. It is the health care that is rendered to the pregnant women throughout pregnancy until the child's birth and is aimed at detecting the already existing problems and/or problems that can develop during pregnancy. Antenatal care a vital element for improving maternal health as one of the basic components of maternal care in which the life of mothers as well as baby(s) depend on. As a result, many people suffer illnesses unnecessarily and communities experience high mortality and morbidity rates from preventable causes (World Bank, 2016). Nature of care, distance to wellbeing office, absence of transport, people' low societal position, age, standing, religion, instructive level, monetary status of the family, absence of independence and dynamic force and social standards are a portion of the components that have been discovered to be related with the use of maternal consideration administrations in various settings (Masters et al. 2013). The success of fetal life determines not only the health of the newborn, but also has a major influence on adult health and disease risk. Thus, it is a key strategy to improve maternal, infant health for future generations. The provision of antenatal care (ANC) enables the identification of risk factors as well as early diagnosis of pregnancy complications like preterm delivery and availability of health care service constitute a factor that affect the level of utilization (Workineh & Hailu, 2014). This can be accomplished through screening for pregnancy problems, assessing pregnancy risk, treating problems that may arise during the antenatal period, giving medication that may improve pregnancy outcomes, providing information to the pregnant woman, preparing physically as well as psychologically for childbirth and parenthood (Aluko & Oluwatosin, 2008 in Iwelamira, et al (2015). The World Health Organisation (WHO) identified antenatal care as one of the furthestmost widely used strategies to improve maternal and child health. Antenatal care is very imperative to pregnant women as it assist in preventing mother and child mortality, prevent complications aid foster a good link between the husband as well as wife, mother and child and father and child. It also assists women prepared for delivery and understand warning signs during pregnancy as well as childbirth. It is a source for micronutrient supplementation, treatment for pregnancy induced hypertension to prevent pre-eclampsia and eclampsia. Great proportion of more seasoned people make great uses of using the health care service via antenatal visit which will provide them with sufficient information or attention to disease prevention. Similarly, Boachie (2017) uncovered that the use of medical care service utilization especially among outpatient people increases among more seasoned people. A statistically significant positive association was established between patient age and utilization of medical care services ($p < 0.001$) (Boachie, 2017). Evidence showed that majority (93.3%) of people at the pinnacle of reproductive age (20 to 34 years) make somewhere around four antenatal visits while less (9.7%) of them were under 20 years are disgrace of visiting the wellbeing facility (Ayele et al. 2014). Accordingly, age is a significant factor that influence the way life of the individual in light of the fact that as one become more established, so as she is ready to make rightful uses.

The use of antenatal care or service provide a great chance for the improvement of mother's health status such as reducing the risk of complications and health problems. Idris et al. (2013) added in related way that 98.7% women who consistently utilized antenatal care services have safe delivery and were over 5 times less likely to face complications before, during and after delivery. Emelumadu et al. (2014) revealed in their study that 97.0% of women who attended antenatal service understand maternal and child care and have improved health status after delivery. Similarly, Iwelamira et al. (2015) is of the view that good proportion of pregnant women who have effective utilization of antenatal care up to third trimesters were almost safe from maternal complications. It is pertinent to note that utilization of health care service such

as antenatal care goes a long way to better the health status of women especially among pregnant mothers because it mends the challenges that bedevil pregnancy period.

Utilization of delivery services could be subject to several factors one such factor is age of a people as more youthful people may not be willing to use delivery service especially when the need arises in light of the fact that the majority of them barely take complex decisions, for example, adopting the utilization of medical care services, though more established people do. Studies of Awasthi, et al, (2018) detailed that 51.4% of people aged 25 years or more utilize medical care service by visiting antenatal clinic consistently. A great proportion of aged people make effective use of health care service via antenatal visit which will provide them with sufficient information or attention to disease prevention. Similarly, Boachie (2017) uncovered that the use of medical care service utilization especially among outpatient people increases among more aged people. A statistically significant positive association was established between patient age and utilization of medical care services ($p < 0.001$) (Boachie, 2017). Evidence showed that majority (93.3%) of people at the pinnacle of reproductive age (20 to 34 years) make somewhere around four antenatal visits while less (9.7%) of them were under 20 years are disgraced of visiting the wellbeing facility (Ayele, et al 2014). Accordingly, age is a significant factor that influences the way of life of the individual in light of the fact that as one becomes more established, so as she is ready to make rightful uses.

Marital status alludes to a few discrete options that describe an individual's relationship with a significant request, for example, single, married, divorced, widowed among others. It might be perfectly clear that married people especially those within the childbearing age would make great use of medical care services more than people who are single, divorced and widowed. This is on the grounds that married people perhaps empower ethically and financially by their accomplices or mates to consider the utilization of medical care service while their partners might have used wellbeing facilities on the grounds that they are less supportive. Studies of Ayele, et al, (2014) announced that over 95% of married people had been using maternal medical services and just 60% of them are housewives. Additionally, married people are all the more likely to pick wellbeing institutions especially during delivery when contrasted with people who are widowers. Adam and Awunor (2014), buttressed that people's marital status were not identified barriers to the satisfactory utilization of wellbeing services. In contrast, people who are single (top of the family) with sufficient degree of mindfulness are all the more likely to utilize medical care services (Lotti, et al, 2017). Exploration shows that marital status of people is a significant variable that determines the utilization of wellbeing services (Kurpas, et al, 2015). The use of medical care service will encourage the quality of life, with positive mental attitudes and maintaining wellbeing practices.

Proximity to the wellbeing facility could influence the utilization of delivery services. Regarding the WHO recommendation that medical care facilities ought not to be more than 4 kilometers from the spot of residence (WHO, 2018). It is obvious that if medical care service is not reachable from the spot of residence it would influence the use of the wellbeing facility. The expense of transportation to the health facility may be high if the location of the healthcare facility is far from the compass of the general population. That is, if the health facility is somewhat more reachable people will not have a hesitation about how to use the medical care facility and there will be simple utilization of medical services. Studies of Ayele et al. (2014) detailed that (95%) of people may approach health facilities if it is very close 1.8% have no admittance to healthcare facilities. That is, most women of childbearing age would make great use of health care service if it is near their home. The willingness to visit healthcare service will not be there especially when it requires cash to pay for transport before getting to the healthcare facility. Ayele et al. (2014) uncovered that majority of people (74.7%) who gave birth at home without the assistance of medical services professionals is because of distance and 20.9% of provincial people were less opportunities to utilize health institutions during delivery as analyzed with 35.9% of metropolitan people. The method for transport to the closest healthcare facility and residence are central points that predict the use of healthcare service among the weak gathering (Ayele, 2014). Additionally, Mwani and Oleche (2017) uncovered that the expense per visit, space of residence among others, significantly influence the use of healthcare service. People of childbearing age who had gone to primary education or no formal education are less

likely to make right use of healthcare service as compared with people who have full formal education. This is on the grounds that educational attainment helps to fix the threat of ignorance about the utilization of healthcare service. Mwani and Oleche (2017) uncovered that as individual (mother) with high level of education are all the more likely to make use of health services than moms with low level of education. People of childbearing age who attain auxiliary or more degree of education will tend to utilize medical care service consistently more than house child whose level of education is low. This is consistent with the expectation that education compromises ignorance. All things considered; a more instructed lady tend to comprehend the importance of utilizing medical care service just as the need of being solid. Similar to the finding of a few studies (Adam & Awunor, 2015; Kimani, et al, 2016) discovered that higher educational level has a positive impact on the utilization of medical care services from qualified or trained health professionals. Joseph et al. (2017) identified that the choice of utilization of health care services was based on the level of understanding and awareness of the importance of healthcare service. There is no wonderment that informed people are likely to understand and appreciate the importance of choosing medical care services. It was added that higher education attainment is accepted to equip the individual with increase familiarity with the need of medical care service (Kimani et al. 2016).

Income level of mothers or women affect the rise and comprehensiveness of medical care service. Women from poor income background may not be able to utilize antenatal service because they may have the conviction that it is cost effective and more money is required to obtain the service. Odetola (2015) put up that good proportion of women (65.3%) of childbearing age claimed that the reason for non-utilization of health care especially antenatal care was more cost were demanded by workers before receiving the health service. Emelumadu et al. (2014) affirmed that over 79% of pregnant women failed to utilize the antenatal care because it is no longer free and cost of service went high in recent times. Accordingly, socio-economic status plays an influential role on the utilisation of health care services. Most people with low socio-economic status, for example, have no sensible occupation may not be willing to receive healthcare service as analyzed with people of high socio-economic status. Studies of Kimani et al. (2016) uncovered that low business status significantly lessens the interest of health services. The size of the family and abundance index is a determinant factor of health care service utilization (Mwani & Oleche 2017). Thusly, family with sensible measure of income will not find it difficult to manage the cost of medical care service at all level. In any case, the destitution striking people might not have been utilizing medical care service on the grounds that they would perceive that medical care service is exorbitant. Notwithstanding, increase in family size significantly decline the inclination of utilizing medical care service. Evidence shows that destitution levels provided by family abundance index indicate that low income index has a negative impact on the utilization of medical care service (Mwani & Oleche 2017). The economic activity of people is typically low in determining the utilization of medical care services. Additionally, Garki (2013) saw that huge family size is less to utilize medical care service when contrasted with little with moderate family size.

The main attendees of antenatal services are women of childbearing age especially pregnant women because it is expected the women would receive maternal and perinatal healthcare that will promote and maintain good health status during and after pregnancy. Hence, antenatal service prepares women of childbearing for a safe motherhood and to promote, preserve and improve the maternal healthcare service. People including women of childbearing age might be aware of availability of antenatal service but fail to effectively and efficiently utilized the service. Despite the availability of the antenatal service, some women of childbearing age especially still fail to judiciously utilized the service thereby been exposed to several health problems associated with the condition they are as of that time. It is plausible to take note of that individuals from a huge family size will likely to go after the availability of assets henceforth forego the interest of seeking for medical care service in event of wellbeing challenges. It is against the background that this study investigates the factors associated with utilization of antenatal care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State.

Purpose of the Study

The purpose of this study was to identify the factors associated with utilization of antenatal care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State.

Hypotheses

The following null hypotheses would be tested at 0.05 alpha level.

1. There is no significant relationship between proximity to health facility and level of utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State.
2. There is no significant relationship between cost of healthcare services and level of utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State.
3. There is no significant relationship between maternal age and level of utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State.
4. There is no significant relationship between marital status and level of utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State.
5. There is no significant relationship between income level and level of utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State.

METHODOLOGY

Study setting: The study setting was Obio/Akpor Local Government Area of Rivers State, Nigeria. Obio/Akpor Local Government Area of Rivers State.

Research Design: This study adopted a descriptive survey design.

Population of the Study: The population for the study comprised of women of childbearing age in Obio/Akpor Local Government Area is 262,350 (National Bureau of Statistics, 2022).

Sample and Sampling Techniques: The sample size was a total of 400 people using Taro Yamane sampling technique. Taro-Yemen's formula for calculation of sample size was used to calculate the sample size for the study which is shown below;

Taro Yamene formula

$$n = \frac{N}{1 + N(e)^2}$$

n= sample size

N= total population of interest

1= constant number

e= degree of precision (0.5)

The sample size was 400 for this study. A multi-stage sampling procedure was used for this study. It was made up of three stages as shown below: Stage one: Simple random sampling technique was used to select six communities from the existing the by balloting without replacement for the study. The selected communities are Rumuolumeni, Rummuodumaya, Ozuoba, Rumuigbo, Ogbogoro, Rumuokurushi and Rumueme.

Stage two: stratified non-proportionate sampling technique was used to select 40 women between the age of 15 -49 years for childbearing from each selected community center in the Obio/Akpor Local Government Areas to make 400 sample of the study.

Instrument for Data Collection: The instrument for data collection was the structured questionnaire designed by the researcher titled "Antenatal Healthcare Utilisation Questionnaire (AHUQ). The questionnaire was in two sections A and B. Section A was constructed to obtain information on socio-demographic data of the participant such as maternal age, marital status, income status, proximity, cost of health service. Section B contained items to gather information on utilization of health care services with

a response items such Always, Sometimes, Rarely, Never; A-Agreed, SA- Strongly Agreed, D-Disagreed, SD- Strongly Disagreed and Yes or No.

Validation of the Instrument: After developing instrument, copies of the questionnaire were given to the researcher’s supervisor and three other experts. The test-re-test method was carried out among women in Emohua Local Government Area. The reliability of the instrument was obtained using Pearson product moment correlation and the coefficient index (0.84) determined that the instrument is reliable.

Method of Data Analysis: Collected data were coded and analyzed with the Statistical Products for Service Solution (SPSS) version 25.0).

RESULTS

Test of Hypotheses

Hypothesis 1: There is no significant relationship between proximity to health facility and level of utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State.

Table 1: Pearson Correlation showing significant relationship between proximity to health facility and utilization of health care services among women of childbearing age in Obio/Akpor

Variables		Utilization	Proximity	Decision
Utilization	Pearson correlation	1	-.75	H ₀ Rejected
	Sig.		0.03*	
	N	400	400	
Proximity	Pearson correlation	-.75	1	
	Sig.	0.03*		
	N	400	400	

*Significant; p<0.05

Table 1 showed the Pearson Correlation of significant relationship between proximity to health facility and utilization of health care services among women of childbearing age in Obio/Akpor. The result revealed that there was a statistically significant relationship between proximity and utilization (N = 400; r = -0.75; P<0.05). Thus, the null hypothesis which stated that there is no significant relationship between proximity to health facility and utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State was rejected.

Hypothesis 2: There is no significant relationship between cost of healthcare services and level of utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State.

Table 2: Pearson Correlation showing significant relationship between cost of healthcare services and utilization of health care services among women of childbearing age in Obio/Akpor

Variables		Utilization	Cost	Decision
Utilization	Pearson correlation	1	-.65	H ₀ Rejected
	Sig.		0.02*	
	N	400	400	
Cost	Pearson correlation	-.65	1	
	Sig.	0.02*		
	N	400	400	

*Significant; p<0.05

Table 2 showed the Pearson Correlation of significant relationship between cost of healthcare services and utilization of health care services among women of childbearing age in Obio/Akpor. The result revealed that there was a statistically significant relationship between cost and utilization (N = 400; r = -0.65; P<0.05). Thus, the null hypothesis which stated that there is no significant relationship between cost

of healthcare services and utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State was rejected.

Hypothesis 3: There is no significant relationship between maternal age and level of utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State.

Table 3: Pearson Correlation showing significant relationship between maternal age and utilization of health care services among women of childbearing age in Obio/Akpor

Variables		Utilization	Maternal age	Decision
Utilization	Pearson correlation	1	-.71	H ₀ Rejected
	Sig.		0.01*	
	N	400	400	
Maternal age	Pearson correlation	-.65	1	
	Sig.	0.01*		
	N	400	400	

*Significant; $p < 0.05$

Table 3 showed the Pearson Correlation of significant relationship between maternal age and utilization of health care services among women of childbearing age in Obio/Akpor. The result revealed that there was a statistically significant relationship between maternal age and utilization ($N = 400$; $r = -0.71$; $p < 0.05$). Thus, the null hypothesis which stated that there is no significant relationship between maternal age and utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State was rejected.

Hypothesis 4: There is no significant relationship between marital status and level of utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State.

Table 4: Pearson Correlation showing significant relationship between marital status and utilization of health care services among women of childbearing age in Obio/Akpor

Variables		Utilization	Marital status	Decision
Utilization	Pearson correlation	1	0.27	H ₀ Not Rejected
	Sig.		0.15*	
	N	400	400	
Marital status	Pearson correlation	0.27	1	
	Sig.	0.15*		
	N	400	400	

*Not Significant; $p > 0.05$

Table 4. showed the Pearson Correlation of significant relationship between marital status and utilization of health care services among women of childbearing age in Obio/Akpor. The result revealed that there was a statistically significant relationship between marital status and utilization ($N = 400$; $r = 0.15$; $p < 0.05$). Thus, the null hypothesis which stated that there is no significant relationship between marital status and utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State was not rejected.

Hypothesis 5: There is no significant relationship between income level and level of utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State.

Table 5: Pearson Correlation showing significant relationship between income level and utilization of health care services among women of childbearing age in Obio/Akpor

Variables		Utilization	Income level	Decision
Utilization	Pearson correlation	1	0.73	H ₀ Rejected
	Sig.		0.03*	
	N	400	400	
Income level	Pearson correlation	0.73	1	
	Sig.	0.03*		
	N	400	400	

*Significant; $p < 0.05$

Table 5 showed the Pearson Correlation of significant relationship between income level and utilization of health care services among women of childbearing age in Obio/Akpor. The result revealed that there was a statistically significant relationship between income level and utilization ($N = 400$; $r = 0.03$; $p < 0.05$). Thus, the null hypothesis which stated that there is no significant relationship between income level and utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State was rejected.

DISCUSSION OF FINDINGS

The result revealed that there was a statistically significant relationship between proximity and utilization ($P < 0.05$) hence, hypothesis which stated that there is no significant relationship between proximity to health facility and utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State was rejected. This is surprising that most pregnant women queuing up in the antenatal clinic are from far and near which could not affect the booking and visitation to health care service. The result of the study is in corroboration with studies of Nuamah et al. (2019) which indicated that healthcare access influenced the utilization of maternal healthcare. Agofure and Sarki (2019) added that good proportion of pregnant women (68.80%) lived in areas of less than 5km from the nearest primary health care are more likely to visit healthcare service. Osubor et al. (2006) affirmed that access to the facilities also has an effect on the pattern of visit. Fan et al. (2019) also revealed that urban women have a less concentration index of health care visit (aOR-0.075) after the health system reform. Adam and Awunor (2014) and Harvey (2014) whose studies indicated that pregnant women who live far from the healthcare facility are less likely to regularly visit antenatal clinic for health service. The disparity between the previous study and current one could due to location and duration of the study.

The result revealed that there was a statistically significant relationship between cost and utilization ($P < 0.05$) hence, hypothesis which stated that there is no significant relationship between cost of healthcare services and utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State was rejected. The result of this study is expected because use of health care service is cost effective and pregnant women from low income background may not be able to afford the cost of utilizing health service. The result of this study is in credence with studies of Jumbo (2013), which indicated that the cost of health care service is a key factor influencing women's choice to utilize a health care facility. Jammeh, et al (2014) affirmed that health care cost determines the utilization of health care facility by women and statistically significant with it. Okonofua et al. (2018) buttressed that cost of health service is as paramount to the choice of healthcare services to be secured because affordability of health care services depends on the socio-economic status of the users. Singh et al. (2015) agreed that the utilization of all maternal healthcare services was observed to increase with the increase in wealth quintile with affect the use of healthcare service. It is plausible because healthcare service have financial implications that access the service. As at the time of this study, there

was prior studies that contradict with the outcome of this present findings. Hence cost of healthcare service is significant related with use of antenatal service among pregnant women.

The result revealed that there was a statistically significant relationship between maternal age and utilization ($p < 0.05$) hence hypothesis which stated that there is no significant relationship between maternal age and utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State was rejected. Indicating that maternal age had no significant relationship with regard to antenatal visit among pregnant women. The result of this study is expected because of the age of pregnant women may not determine the level of knowledge acquire and could not influence the pattern of antenatal visit. The result of the study is in keeping with study of Mwami and Oleche (2017) that the age of individual showed no significant influence regarding the use of healthcare services by 0.01% ($p > 0.1$) especially during antenatal visit. Studies of Peters et al. (2008) buttressed that that the probability of regular number of visits to an antenatal care facility is likely to increase by approximately 0.041 if the age of the pregnant mother increases by a year. In the contrary, Manyeh et al. (2020) illustrated that maternal age was significantly associated with timing of initiation of antenatal care visit among first-time mothers; older women were more likely to initiate antenatal care visit in the first trimester of gestation compared to the younger women. Yaya et al. (2017) disagreed that older age interval has higher odds of inadequate ANC visits. It could plausible that age of pregnant women might affect the majority especially in terms of taking decision regarding antenatal visit because older women would have receive relevant information about health and consider it as a priority as compared with the younger women. The difference between the result of the previous studies and current one was due the level of health awareness of population and the availability of health care service.

The result revealed that there was a statistically significant relationship between marital status and utilization ($p < 0.05$) hence, hypothesis which stated that there is no significant relationship between marital status and utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State was not rejected. It might be perfectly clear that married people especially those within the childbearing age would make great use medical care services more than people who are single, divorced and widowed. This is on the grounds that married people perhaps empower ethically and financially by their accomplice or mates to consider the utilization of medical care service while their partners might have used wellbeing facility on the grounds that they less supportive. Studies of Ayele, et al. (2014) announced that over 95% of married people had been using maternal medical services and just 60% of them are housewives. Adam and Awunor (2014), buttressed that people' marital status were not an identified barriers to the satisfactory utilization of wellbeing services. In contrast, people who are single (top of the family) with sufficient degree of mindfulness are all the more likely to utilize medical care services (Lotti et al., 2017). Exploration shows that marital status of people is a significant variable that determine the utilization of wellbeing services (Kurpas et al., 2015). Additionally, married people are all the more likely to pick wellbeing institution especially during delivery when contrasted with people who are widowers. The use of medical care service will encourage the quality of life, with positive mental attitudes and maintaining wellbeing practices.

The result revealed that there was a statistically significant relationship between income level and utilization ($p < 0.05$) hence hypothesis which stated that there is no significant relationship between income level and utilization of health care services among women of childbearing age in Obio/Akpor Local Government Area of Rivers State was rejected. The income status of pregnant women could include income status which does not matters a lot in regards to antenatal visit and booking. It could be clear that most pregnant women irrespective of their income level and occupation ensure regular visitation to antenatal service. Regarding the WHO recommendation that medical care facility ought not to be more than 4 kilometer from the spot of residence (WHO, 2018). It is obvious that if medical care service is not reachable from the spot of residence it would influence the using the wellbeing facility. The expense of transportation to the health facility may be high if the location of healthcare facility is far from the compass of the general population. That is, if health facility is somewhat more streakable people will not have a hesitation about how is the medical care facility and there will be simple utilization of medical

services service. Studies of Ayele et al. (2014) detailed that (95%) of people may approach health facility if it is very close 1.8% have no admittance to healthcare facility. That is, most women of childbearing age would make great use of health care service if it is near their home. The willingness to visit healthcare service will not there especially when it requires cash to pay for transport before getting to the healthcare facility. Ayele et al. (2014) uncovered that majority of people (74.7%) who gave birth at home without the assistance of medical services professionals is because of distance and 20.9% of provincial people were less opportunities to utilize health institution during delivery as analyzed with 35.9% of metropolitan people. The method for transport to the closest healthcare facility and residence are central point that predict the use of healthcare service among the weak gathering (Ayele, 2014). Additionally, Mwani and Oleche (2017) uncovered that the expense per visit, space of residence among others, significantly influence the use of healthcare service. As at the time of this study, there was no contrary findings against the outcome of this present study hence, income status was significantly related with use of antenatal service or care.

CONCLUSION

In regards to this study, it was concluded that the extent of utilization of healthcare service among women of childbearing age were significantly determine by maternal age, proximity to the health facility, cost of health service, marital status and income status.

RECOMMENDATIONS

In regards to the outcome of this study, the following recommendations were made:

1. Availability and accessibility of healthcare facilities are major problems to choices of healthcare services among women. For this purpose, the Governments, non-governmental organization (NGOs), donor agencies and relevant stakeholders should ensure availability, accessibility and sustained advocacy of healthcare facilities.
2. Health Agencies and stakeholders should continuously make better efforts to promote behaviours that will promote better choices of healthcare services among a variety of age groups emphasizing the need to utilize healthcare services especially during pregnancy and delivery.
3. Community members, husbands and well wishes should assist women of child bearing age with fund in other to make better choices of healthcare services.
4. Though contraceptives are made free by the government, some did not use hence, the government should closely monitor the accessibility of these contraceptives in the different health facilities in the country to promote the use of modern contraceptive methods, especially those that are targeted towards the male population.

The government, ministries of health/environment and other relevant agencies should embark on health education and awareness campaign on the need to support women especially the unemployed ones

REFERENCES

- Adam, V. Y., & Awunor, N. S., (2015). Perceptions and factors affecting utilization of health services in a rural community in Southern Nigeria. *Journal of Biomedical Sciences*, 13(2); 117-124.
- Agofure, O., & Sarki, E. (2017). Utilization of primary health care services in Jaba Local Government Area of Kaduna State Nigeria. *Journal of Health Sciences*, 27:339. doi.10.4314.
- Ayele, D.Z., Belayihum, B., Teji, K. & Admassu, D. (2014). Factors affecting utilization of maternal health care services in Kombolcha District, Eastern Hararghe Zone, Oromia Regional State, Eastern Ethiopia. *International Scholarly Research Notices*, 7(2); doi.10.1155.
- Boachie, M.K. (2018). Utilization of outpatient healthcare services among elderly people with hypertension in Ghana. *Journal of Behavioural Health*, 6(4), 170-177.
- Emelumadu, O. F., Onyeonororo, U. U, Ukegb, A.U, Ezeama, N.N, Ifeadike, C.O., & Okezie OK. (2014). Perception of quality of maternal healthcare services among women utilising antenatal services in selected primary health facilities in Anambra State, Southeast Nigeria. *Nigeria Medical Journal*, 55:148-55.

- Fan, H., Yan, Q., Coyte, P. C., & Yu, W. (2019). Does public health insurance coverage lead to better health outcomes? Evidence from Chinese adults. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 56, 1–10.
- Harvey, V. A. A. (2014). Socio-economic and cultural determinants of health care services utilization in Ghana. https://www.acha.org/app_themes/HC2020/images/ecological_approach.jpg
- Idris, S. H., Sambo, M. N., & Ibrahim, M. S. (2013). Barriers to utilisation of maternal health services in a semi-urban community in northern Nigeria: The clients' perspective. *Nigeria Medical Journal*, 54:27-32
- Jammeh, S. S., Liu, C. Y., Cheng, S. F., & Lee-Hsieh, J. (2014). Community based study on married couples' family planning knowledge, attitude and practice in rural and urban Gambia. *African Health Sciences*, 14(2), 273–280. doi.10.4314.
- Joseph, O., Muhammed, A., Raji, A., Ibimidu, A., Joseph, A. & Kehinde, K. (2017). Factors determining the utilization of health care facilities in a semi-urban setting in Kwara State Nigeria.
- Jumbo, J., Obaseki, D. O., & OgieIkuabe, P. (2013). Tuberculosis and gender parity in a TB Referral Centre, South –South Nigeria. *Greener Journal of Medical Sciences*, 3(7):270–275.
- Kurpas, D., Mroczek, B., & Bielska, D. (2013). The correlation between quality of life, acceptance of illness and health behaviors of advanced age patients. *Archives of Gerontology and Geriatrics*, 56:448–456. doi: 10.1016.
- Lotti, C., Rubert, J., Fava, F., Tuohy, K., Mattivi, F., & Vrhovsek, U. (2017). Development of a fast and cost-effective gas chromatography–mass spectrometry method for the quantification of short-chain and medium-chain fatty acids in human biofluids. *Analytical and Bioanalytical Chemistry*, 409:5555–5567.
- Manyeh, A.K., Amu, A., Akpakli, D.E. (2020). Estimating the rate and determinants of exclusive breastfeeding practices among rural mothers in Southern Ghana. *International Breastfeeding Journal*, 15, 7 .doi.10.1186.
- Masters, S. H., Burstein, R., Amofah, G., Abaogye, P., Kumar, S. & Hanlon, M. (2013). Travel time to maternity care and its effect on utilization in rural Ghana: a multilevel analysis. *Social Science and Medicine*, 93(2), 147–154.
- Murphy, T. G., MacKenzie, A., & Waysome, B. (2016). A mixed-methods study of health worker migration from Jamaica. *Human Resources and Health*, 14 (1), 36 (2016). doi.10.1186
- Mwami, M.N. & Oleche, M.O. (2017). Determinants of healthcare service utilization in Kenya. *International journal of academic research in Business and Social Service*, 10(7), 132-150.
- Nuamah, G.B., Agyei-Baffour, P., & Mensah, K.A. (2019). Access and utilization of maternal healthcare in a rural district in the forest belt of Ghana. *BMC Pregnancy Childbirth* 19, 6. doi.10.1186.
- Odetola, D. T., (2015). Health care utilization among rural women of child-bearing age: a Nigerian experience. *Pan African Medical Journal*; 20: 151.
- Okonofua, F., Ntoimo, L., Ogunglangbe, J., Anjorin, S., Imongan, W. & Yaya, S.(2018). Predictors of Women’s utilization of primary health care for skilled pregnancy care in rural Nigeria. *BMC Pregnancy Childbirth* 18(1):106.
- Osubor, K. M., Fatusi, A. O., & Chiwuzie, J. C. (2006). Maternal health-seeking behavior and associated factors in a rural Nigerian community. *Maternal and Child Health Journal*, 10(2), 159–169. doi.10.1007.
- Peters, D. H., Garg, A., Bloom, G., Walker, D. G., Brieger, W. R., & Rahman, M. H. (2008). Poverty and access to health care in developing countries. *Annals of the New York Academy of Sciences*, 1136, 161–171. doi. 10.1196.
- Singh, P. K., Rai, R. K., Alagarajan, M., & Singh, L. (2012). Determinants of maternity care services utilization among married adolescents in rural India. *PloS One*, 7(2), e31666. doi.10.1371.
- Workineh, Y.G., & Hailu, D.A. (2014). Factors affecting utilization of postnatal care services in Jabitena District, Amhara Region, Ethiopia. *Science Journal of Public Health*, 2(3), 169-176.
- World Health Organization (2018). *World health statistics 2018: monitoring health for the SDGs, sustainable development goals*. Geneva.
- Yaya, S., Bishwajit, G., Ekholuenetale, M., Shah, V., Kadio, B., & Udenigwe, O. (2017). Timing and adequate attendance of antenatal care visits among women in Ethiopia. *PLoS ONE* 12(9): e0184934.