



Socio-demographic Influences of the Choice of Utilization of Healthcare Service among Women of Childbearing in Port Harcourt Metropolis

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ABSTRACT

This study examined the socio-demographic influences of the choice of utilization of health care service among women of childbearing age. The study adopted a descriptive cross sectional survey design to explain the variables of this study. Taro Yamene formula was used to determine the sample size of 600 for a large population. A multi-stage sampling procedure was adopted for the study to select the sample. The title of the questionnaire was “Choice of Healthcare Service Utilization Questionnaire” (CHCSUQ) which had four sections; A, B, C, and D was used to elicit data for the study. The reliability index of 0.76 was obtained using Pearson Product Moment Coefficient Correlation which showed a positive correlation. Data collected were analyzed using Statistical Products for Service Solution (SPSS) version 23.0. The result showed that the grand mean = 1.75 was lower than the criterion mean of 2.50 indicating a poor choice of healthcare services. The result shows a significant difference between marital status of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State ($r = 0.000$; $p < 0.05$). The result indicated that there was a significant relationship between religious affiliation of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State ($r = 0.135$; $p < 0.05$). The result showed a significant difference between age of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State ($r = 0.606$; $p < 0.05$). The result also illustrated a significant difference between level of education of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State ($r = 0.326$; $p < 0.05$). It was concluded that women of child bearing age need intervention for adequate utilization and better choices of healthcare services. Socio-demographic characteristics such as age, marital status, religious affiliation, educational level, influenced the choice of healthcare services among women. It was recommended among others that 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.

Keywords: Socio-demographic, utilization, healthcare service, women, Port Harcourt metropolis.

INTRODUCTION

Mothers or women are the most vulnerable group to diseases and health problems that consistent use of health care service. The spotlight of maternal death in Nigeria is nearly 20% of all worldwide maternal deaths that occurred (WHO, 2019). Report from World Health Organization (2019) showed that in 2015, the estimated maternal death ratio was about 800 per 100,000 live births with the approximation of 58000 maternal deaths during the same year. Maternal death is one of the global mortality among women of childbearing age especially in developing countries like Nigeria. The global means of preventing maternal mortality rate among women is the brain child and recommendation of World Health Organization (2016) it stipulated that at least four (4) visits to

health facility for antenatal care will lower the risk of maternal complications and deaths due to pregnancy and child birth. The choice of health care services utilization would depend on social and economic status, level of awareness, accessibility to health care facility including availability of modern infrastructure, equipment and the educational level of women who became pregnant. This will contribute immensely to improve the health status of vulnerable group and the populace. Health care services could be defined as any medical or remedial care or service including supplies delivered in connection with the care that is recognized under state law of the geographical locality. World Health Organization (2019) considered health service as delivery systems that are safe, accessible, high quality, people-centered and integrated are critical for moving towards universal health coverage. It is the whole spectrum of care from promotion and prevention to diagnostic, rehabilitation and palliative care including self care, home care, primary care among others (WHO, 2019). The choice of choosing health care service is a good health habit that should be inculcated into the populace. However, several factors that could influence the choice of healthcare services include age, marital status, access to the health facility, socio-economic status, and availability of health facilities among others.

One of the socio-demographic characteristics that could influence the choice of health care service is the age of women especially those of childbearing age. Younger women may not be enthused to choosing healthcare services especially when the need arises because most of them hardly take complex decision such as adopting the use of health care services, whereas older or adult women have had experiences from their involvement and friendly better seek healthcare. Studies of Awasthi, et al, (2018) reported that 51.4% women aged 25 years and above make use of healthcare service by visiting antenatal clinic regularly. Good proportion of adult women make good choices of using the healthcare service via antenatal visit which will provide them with the requisite knowledge and awareness for disease prevention. Similarly, Boachie (2017) revealed that the choice of healthcare service utilization especially among outpatient women increases among older women. A statistically significant positive association was established between patient age and use of healthcare services ($p < 0.001$) (Boachie, 2017). However, younger women may in the recent past consequent upon enlightenment and social media now seek health care like their older counterparts.

Adolescent women are yet to be mature in some ways especially when it has to do with making good choices that will enhance their well-being. Studies of Chimankar and Sahoo (2017) added that one of the possible factors influencing the use of healthcare services is age which was reported to be statistically significant associated with antenatal care ($p < 0.05$). Evidence showed that majority (93.3%) of women at the peak of reproductive age (20 to 34 years) make at least four antenatal visit while fewer (9.7%) of them were below 20 years are shamed of visiting the health facility (Ayele, et al, 2014). Therefore, age could be significant factor that influence the way life of the individual because as one grows older, so is she able to make rightful choices based on personal or experiences of others.

Marital status of women could be one of the demographic factors that influence the choice of healthcare services. Marital status could refer to a several discrete options that describe a person's relationship with a significant order such as single, married, divorced, widowed among others. It may be crystal clear that married women especially those within the childbearing age could make good choices using healthcare services more than women who are single, divorced and widowed. This is because married women maybe encourage morally and financially by their partner or spouses to consider the use of healthcare service while their counterparts may have no choice of using health facility because they are less supportive. However, studies of Ayele et al (2014) reported that more than 95% of married women had been using maternal healthcare and only 60% of them are housewives. Also, married women are more likely to choose health institution especially during delivery as compared to women who are widowers. Adam and Awunor (2014) buttressed that women's marital status were not an identified barriers to the satisfactory use of health services. In contrast, women who are single (head of the family) with adequate level of awareness are more likely to use healthcare services (Lotti, et al, 2017). Evidence shows that marital status of women is a significant variable that determine the use of health care services (Kurpas, et al, 2015). The choice of using healthcare services will foster the quality of life, with positive mental attitudes and maintaining health practices. One of the socio-demographic factors that influence the choice of healthcare service is the level of education of women. Women of childbearing age who had attended primary education

or no formal education may be less likely to make correct choice of healthcare service as compared with women who have full formal education. This is because educational attainment helps to cure the menace of ignorance on the use of healthcare service, Nwami et al (2017) revealed that as individual (mother) with high level of education are more likely to make choice of utilizing healthcare than mothers with low level of education. Women of childbearing age who attain secondary and above level of education will tend to utilize healthcare services regularly more than household whose level of education is low. This is consistent with the expectation that education trades-off ignorance. As such, a more educated woman has the tendency to understand the importance of utilizing healthcare service as well as the need of being healthy. Similar to the finding of several studies (Lisse, 2006; Adam et al, 2015; Kimani, et al, 2016) found out that higher educational level has a positive effect on the choice of utilization of healthcare services from qualified or trained health professionals. There is no wonderment that educated women are likely to comprehend and appreciate the importance of choosing healthcare service. Zyaambo, et al, (2012) added that higher education attainment is assumed to equip the individual with increase awareness of the need of healthcare services. There are striking inequalities in the use of healthcare services in Nigeria in recent times. The prevalence of low socio-economic status and poverty among the citizen (which is more prevalent in most part of Nigeria, Rivers State inclusive with more than half of population in lowest wealth index) have the financial risk of not utilizing healthcare services. It is against this backdrop that the study unravels the factors determining the choice of utilization of health care services in Port Harcourt metropolis, Rivers State.

Objectives of Study

The objectives of this study were to investigate the assessment of determinants of choice of healthcare services among women of childbearing age in Port Harcourt metropolis, Rivers State. In specific term, the study sought to;

1. determine the choices of healthcare services among women of childbearing age in Port Harcourt Metropolis, Rivers State;
2. determine if age is a factor that influences the choice of healthcare services among women of childbearing age in Port Harcourt Metropolis, Rivers State.
3. find out if marital status is a factor that influences the choice of healthcare services among women of childbearing age in Port Harcourt Metropolis, Rivers State.
4. find out if the level of education is a factor that influences the choice of healthcare services among women of child bearing age in Port Harcourt Metropolis, Rivers State.
5. ascertain if religious affiliation is a factor that influences the choice of healthcare services among women of childbearing age in Port Harcourt Metropolis, Rivers State.

Hypotheses

The following null hypotheses were formulated and were tested at 0.5 level of significance to guide the study.

1. There is no significant difference between age of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State.
2. There is no significant difference between marital status of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State.
3. There is no significant difference between religious affiliation of women of childbearing age and choice of healthcare services in Port Harcourt Metropolis, Rivers State.
4. There is no significant difference between level of education among women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State.

RESEARCH METHODS

Research Design: A descriptive cross-sectional survey was adopted for this study. Descriptive cross-sectional design was used in the research because it described, investigated, explained and analyzed events or phenomenon in their natural settings with no intention to manipulate any variable.

Population of Study: The population of this study is 3,160 996 females within the age group 15-64 years (National Population Commission of Nigeria, 2016).

Sample and Sampling Techniques: The sample size for this study was six hundred (600). Taro Yamene formula was used to determine the sample size (600) for a large population. A multi-stage

sampling procedure was adopted for the study which was in three stages; Stage one: systematic sampling technique was used to select women of child-bearing age between 15-49 years old in Port Harcourt metropolis which comprised of Obio/Akpor Local Government Area and Port Harcourt city Local Government Area. The women were selected from their wards of community in two local government areas.

Stage two: stratified proportionate sampling was used to select women of characteristics age of 15-49 years old from the selected Local Government Areas. The age ranged from 15-49 years was used in these study women of childbearing age. Stage three: simple random sampling technique was adopted to select Obio/Akpor and Port Harcourt Local Government Areas for this study using balloting without replacement.

Instrument for Data Collection: The instrument used to elicit data for this study is structured questionnaire. The title of the questionnaire was “Choice of Healthcare Service Utilization Questionnaire” (CHCSUQ) which had four sections; A, B, C, and D. In section A, it reveals demographic information of the respondents such as age at last birthday, marital status, income status, level of education. However, section B gave detail information about the utilization of healthcare service, while section C revealed information about the choice of healthcare service utilization, and lastly, the section D comprised of determinants of choice of healthcare service. The response item was in four point modified likert scale such as SA (Strongly Agree), A (Agree), SD (Strongly Disagreed), and D (Disagreed).

Validity/Reliability of the Instrument: The instruments were validated by three experts who include the supervisor and two lecturers from the department of Human Kinetics, Health and Safety Studies. Copies of the instrument alongside the objectives, research questions and hypotheses were given to these aforementioned experts for moderation, suggestions and criticism, corrections from these experts were employed in writing the final copy of the instrument, hence, the instrument is valid and was used for the study. The reliability index of 0.76 was obtained using Pearson Product Moment Coefficient Correlation which showed a positive correlation. Hence, the instrument was reliable and was used for data collection in the study.

Method of Data Analysis: Data collected were analyzed using Statistical Products for Service Solution (SPSS) version 23.0. Descriptive statistical tools were used to answer questions and demographic information while regression models were used to determine the relationship between variables. Five hundred and eighty (580) instruments were retrieved successfully and the return rate of the instrument was 96.7%. The data analysis of this study was based on the rate of five hundred and eighty retrieved instruments.

RESULTS

Socio-demographic Characteristics

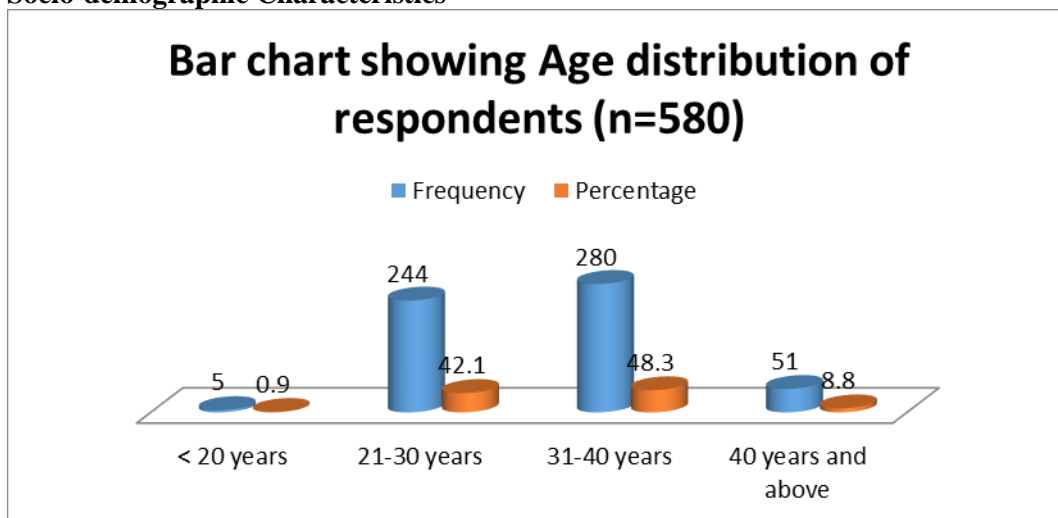


Figure 1 showed the bar chart of age distribution of respondents. The results showed that 0.9% of the respondents are aged <20 years, 42.1% 21-30 years, 48.3% 31-40 years, 8.8% 40 years and above.

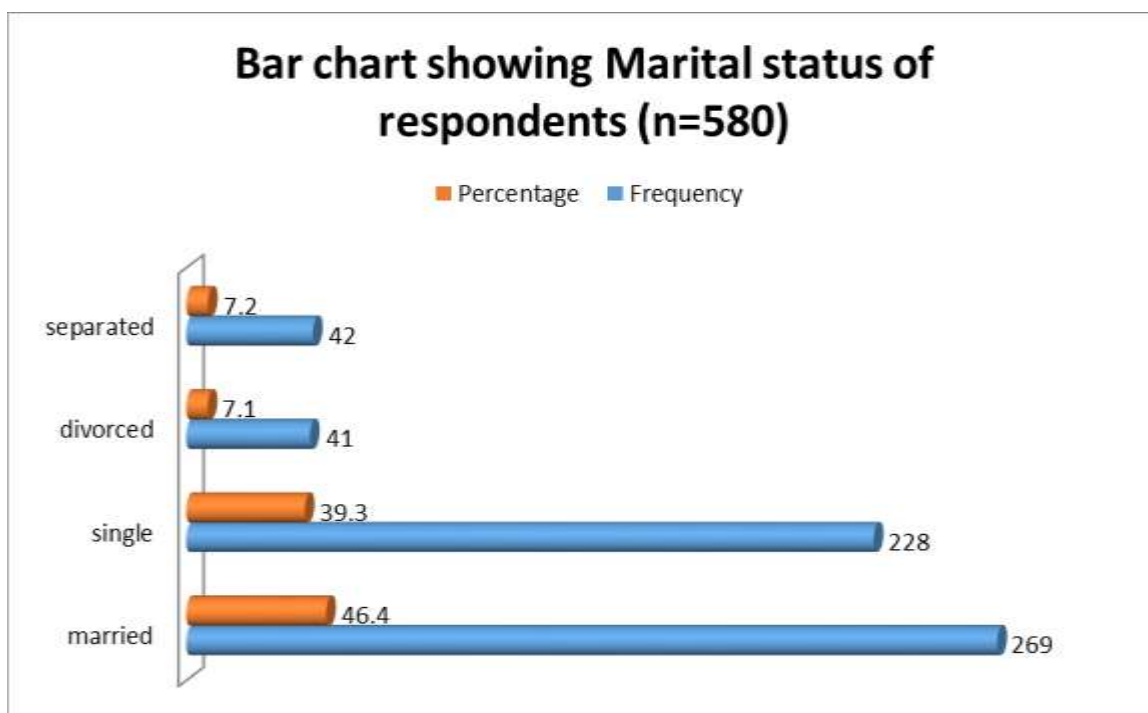


Figure 2 showed the marital status of respondents. The result showed that (42)7.2% of the respondents are separated, 41(7.1%) divorced, 228(39.3%) single, 269 (46.4%) married.

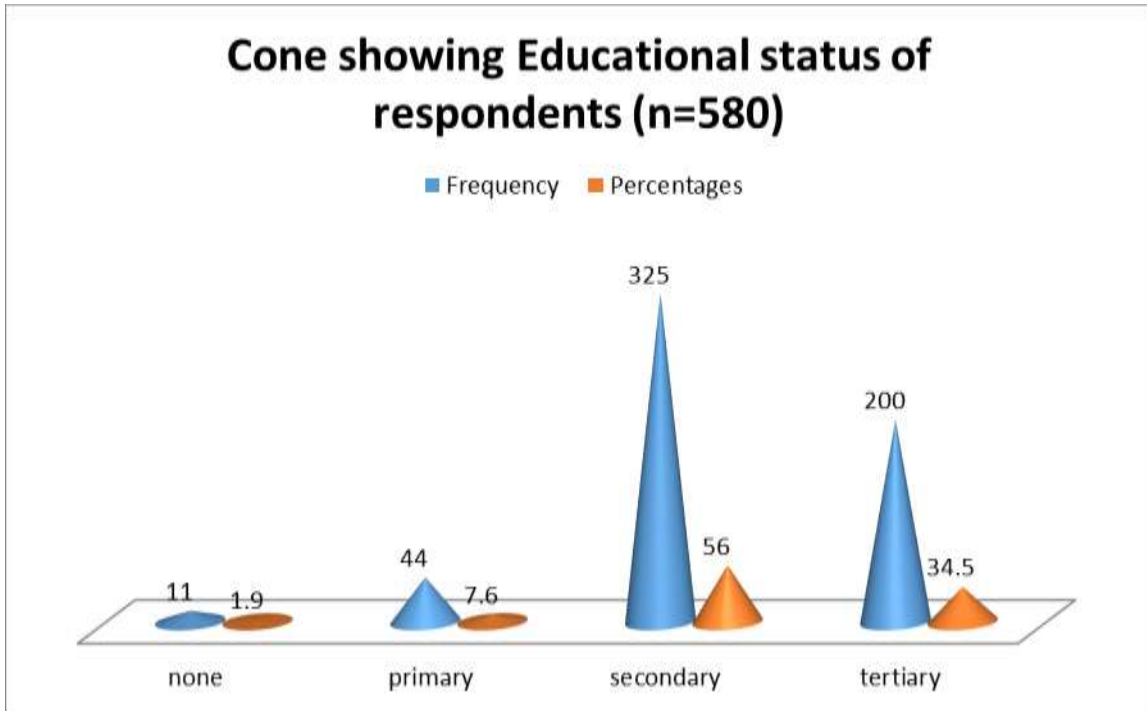


Figure 3 showed the educational level of respondents. The results showed that 11(1.9%) of the respondents are had no formal education, 44(7.6%) primary, 325(56%) secondary, while 200(34.5%) are others.

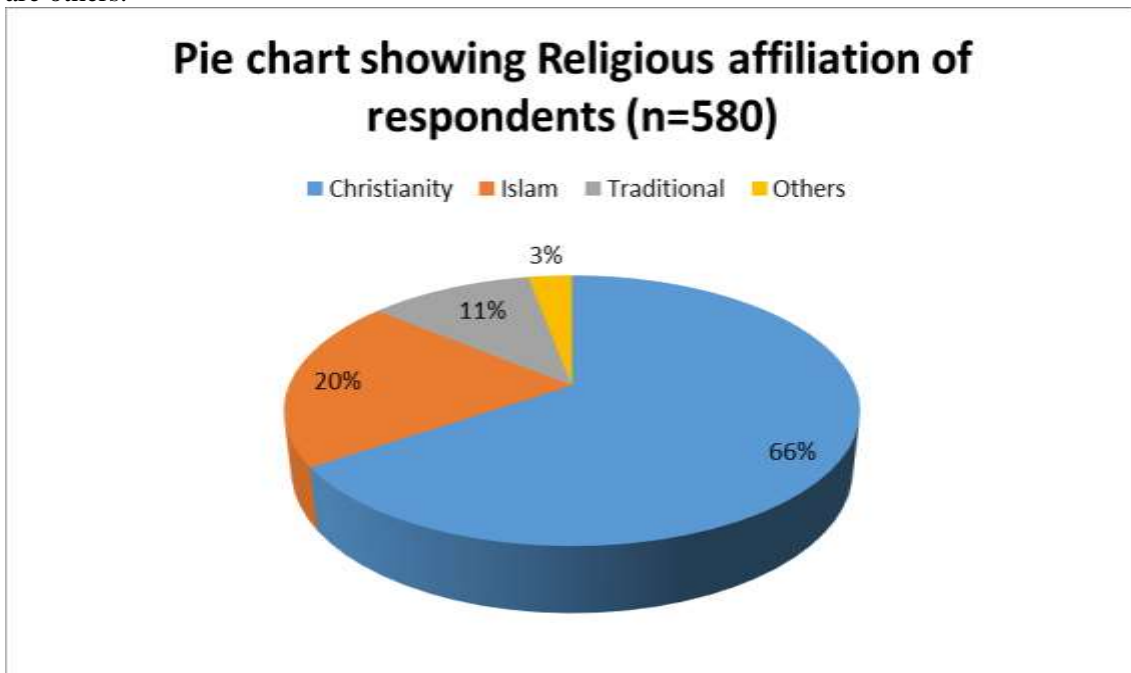


Figure 3 shows the religious affiliation of respondents. The results showed that 380(66%) of the respondents are Christians, 119(20%) Islam, 64(11%) traditional worshippers, while 17 (3%) are others.

Choices of health care service utilization among women of childbearing age in Port Harcourt metropolis, Rivers State.**Table 1: Choices of health care service utilization among women of childbearing age**

Items	Mean	SD	Remarks
Most mothers choose hospital treatment because it is reliable and safe	1.21	.41	Negative
Availability of hospital equipment enable good choice of health care service	1.51	.62	Negative
Better assessment of medical proceeding encourage one to use healthcare service	1.51	.57	Negative
Availability of advanced medical technology encourages the use of hospital care	1.46	.57	Negative
The choice of health care services is based on culturally and socially acceptable method	1.51	.64	Negative
Utilization of their services to healthcare services determine the accessibility	1.67	.83	Negative
Shorter duration is required to obtain health service hence increases in use	1.69	.71	Negative
longer duration may or may not be required to obtain healthcare services	1.91	.80	Negative
cost of service delivery may not be necessary for the use of healthcare services	2.17	.95	Negative
cost of healthcare service delivery is a driving force for increase in health patronage/use	2.50	1.15	Positive
attitude of healthcare workers may not be considered as driving force for health patronage	2.19	1.12	Negative
Grand mean	1.75	0.76	

Criterion mean = 2.50. >2.50 are good choices; <2.50 are poor choices

Table 1 showed the choices of health care service utilization among women of childbearing age. The result showed that the grand mean = 1.75 is lower than the criterion mean of 2.50 indicating a poor choice of healthcare services. However, good choices was shown in an item where the respondents indicated that the cost of healthcare service delivery is a driving force for increase in health patronage/use with a mean value of 2.50 ± 1.15 while other items showed a very close range to the criterion mean indicating a moderate choices of healthcare services among women of child bearing age.

Hypothesis 1: There is no significant difference between age of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State

Table 2: Regression analysis showing the difference between age of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State

Model	R	R square	R square change	B	P	Decision
Age/choice	0.606	0.368	0.368	2.446	0.000	Rejected

***Significant, $p < 0.05$**

Table 2 showed the regression analysis of the difference age of women of childbearing and choice of healthcare services. The result showed a significant difference between age of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State ($r = 0.606$; $p < 0.05$). Therefore, the null hypothesis which states that there is no significant difference between age of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State was rejected.

Hypothesis 2: There is no significant difference between marital status of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State

Table 3: Regression analysis showing the difference between marital status of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State

Model	R	R square	R square change	B	P	Decision
Marital status/choice	0.000	0.000	0.000	1.305	0.000	Rejected

***Significant, $p < 0.05$**

Table 3 showed the regression analysis of the difference marital status of women of childbearing age and choice of healthcare services. The result shows a significant difference between marital status of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State ($r = 0.000$; $p < 0.05$). Therefore, the null hypothesis which states that there is no significant difference between marital status of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State was rejected.

Hypothesis 3: There is no significant difference between religious affiliation of women of childbearing age and choice of healthcare services in Port Harcourt Metropolis, Rivers State.

Table 4: Regression analysis showing the difference between religious affiliation of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State

Model	R	R square	R square change	B	P	Decision
Religious affiliation/choice	0.135	0.018	0.018	1.422	0.000	Rejected

***Significant, $p < 0.05$**

Table 4 showed the regression analysis of the difference between religious affiliation of women of childbearing age and choice of healthcare services. The result showed a significant relationship between religious affiliation of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State ($r = 0.135$; $p < 0.05$). Therefore, the null hypothesis which states that there is no significant difference between religious affiliation of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State was rejected.

Hypothesis 4: There is no significant difference between level of education among women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State.

Table 5: Regression analysis showing the difference between level of education of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State

Model	R	R square	R square change	B	P	Decision
Level of education/choice	0.326	0.106	0.106	2.033	0.000	Rejected

***Significant, $p < 0.05$**

Table 5 showed the regression analysis of the difference between level of education of women of childbearing age and choice of healthcare services. The result illustrated a significant difference between level of education of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State ($r = 0.326$; $p < 0.05$). Therefore, the null hypothesis which states that there is no significant difference between level of education of women of childbearing age and choice of healthcare service in Port Harcourt metropolis of Rivers State was rejected.

DISCUSSION OF FINDINGS

Choice of health care service utilization

The finding of the study showed that the grand mean = 1.75 is lower than the criterion mean of 2.5 indicating a poor choice of healthcare services. However, a good choice was shown in an item. This shows that women of child bearing age had poor choices of healthcare services. The finding of the study corroborates with that of Eswna and Sapper (2013) with little differences which may be related some factors especially that of socio-economic status and cultural differences. However, the studies of Egbewale and Odu (2013), Adebowale and Akinyemi (2016) and Ibebuikwe et al (2017) discovered

good choices of healthcare services among women of child bearing age. The studies of Yaya et al (2017) and Jibril (2017) also revealed good choices of healthcare services among women with little utilization. The study of Ekpenyong et al (2019) and Johnson et al (2020) revealed a positive choice of healthcare services among women. However, the differences reported between the present and previous studies might be due to cost of healthcare services, including transportation, care by healthcare workers, affordability and accessibility.

Influence of age on choice of healthcare services among women in childbearing age

The finding of the study showed that poor choices was found more among respondents who were less than 20 years ($\bar{X} = 1.53 \pm .61$) followed by those aged 21-30 years ($\bar{X} = 1.72 \pm .58$), 40 years and above ($\bar{X} = 1.99 \pm .53$) and 31-40 years ($\bar{X} = 2.01 \pm .69$). This shows that age influences choices of healthcare services among women of child bearing age. The finding of the study confirms that of Butawa et al (2010) and Dairo and Owoyokun (2010) whose studies revealed that age influences choices of healthcare services among women. Onasoga, et al (2012) and YarZever and Said (2013) discovered that age influences choices of healthcare services among women, a study very similar to the present study. The study of Olayinka et al (2013) also confirms the finding of the present study. Okhakhume and Sarne (2018) and Neeta (2018) in their findings discovered a similar finding related to that of the present study where age determined the choice of healthcare service among women. The finding of the study also corroborate with that of Amu and Sekyi (2018) and Adewuyi et al (2018) whose study found a relationship between age and choice of healthcare service. The relationship discovered in these studies might be due to peer pressure especially among singles and the unmarried. Another factor may be due to societal influences, cultural setting and education. However, the studies of Adams and Awunor (2014) differ slightly from the present study as it found that age does not really matter and so does not influence choices of healthcare services among women of child bearing age. The finding of Panezai, et al (2013) also confirms the finding of the present study but deviate slightly. The slight differences reported might be attributed to educational level and individual differences.

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Influence of marital status on choice the choice of healthcare services

The finding of the study showed that overall poor choice was found in all the categories of marital status as the grand means were lesser than the criterion mean of 2.5. Poor choice was found more among respondents who were single ($\bar{X} = 1.14 \pm .56$) than those who were married ($\bar{X} = 1.78 \pm .77$). This shows that age influences choices of healthcare services among women of child bearing age.

The finding of the study confirms that of Onasoga, et al (2012) and Egbewale and Odu (2013) whose studies discovered that marital status is related to choices of healthcare services among women of child bearing age. The finding of the study corroborates with that of Butawa et al (2013) and Kalule-Sabiti et al (2014) whose studies found that marital status influences choices of healthcare services among women of child bearing age. The finding of Panezai, et al, (2013) also confirms the finding of the present study. This might be due to several cultural reasons as married women may have the opportunity to be sponsored by their husbands as shown in the present study where married women had poor choice of healthcare services but tried to utilize it better than the singles. The finding of the study also confirms that of YarZever and Said (2013), Perumal et al (2013), Kifle, et al (2018) found that marital status influences the choice of healthcare services among women of child bearing age. This also shows that married women are more attended to compare to unmarried women.

Influence of the level of education on the choice of healthcare services

The finding of the study showed that overall poor choice was found in all the categories of educational level as the grand means were lesser than the criterion mean of 2.5. Poor choice was found more among respondents who had no formal education ($\bar{X} = 1.45 \pm .59$) followed by those with secondary ($\bar{X} = 1.49 \pm .65$), tertiary ($\bar{X} = 2.00 \pm .71$), and primary ($\bar{X} = 2.15 \pm .59$). This means that education plays a major role in the choice of healthcare services among women. The finding of the study affirms that of Neeta (2018) and Gebregziabher (2019) whose studies found that education plays a role in the choice of healthcare services. The finding of the present study is also in line with that of Johnson et al (2020) and Nwankwo et al (2019) whose studies found that education is related in the choice of healthcare services. The studies of Sundas (2017), Kalule-Sabiti et al (2014), Adewuyi et al (2018), confirms the finding of the present study. This means that education or enlightenment helps individuals to appropriately make good choices of healthcare services that will positively benefit them. The studies of Yaya et al (2017) and Ella et al (2017) also added that education plays a significant role in the choice of healthcare services after individual factors. However, there are other factors that may play other roles. The similarities reported in these studies might be due to the fact that education exposes individuals to better understand basic processes of life and come up with better choice that suits them.

Influence of religious affiliation on the choice of healthcare services

The finding of the study showed that overall poor choice was found in all the categories of marital status as the grand means were lesser than the criterion mean of 2.5. Poor choice was found more among respondents who were Islam ($\bar{X} = 1.48 \pm .53$) followed by those who were Christians ($\bar{X} = 1.75 \pm .78$), others ($\bar{X} = 1.76 \pm .71$) and traditional ($\bar{X} = 1.98 \pm .7853$). This shows that religion plays an important role in the choice of healthcare services among women. This is so because doctrinal issues amongst different religion act as a factor for choice of healthcare services. The finding of the study is in line with that of Esena and Sappor (2013) whose study relates religion and the choice of healthcare services among women. The finding of the study is also in view with that Adebawale and Akinyemi (2016), Neeta (2018) and Okonofua et al (2018) whose study discovered that religion influences the choice of healthcare services among women. The present study revealed that despite the poor choice of healthcare services among women, traditional women tend to make good choices of healthcare services. This may be so due to intervention programmes. However, the similarities reported in these studies might be due to religious teaching prevalent amongst various religious women as women tend to follow their preachers in all they do.

CONCLUSION

Based on the findings of the study, it was concluded that women of child bearing age need intervention for adequate utilization and better choices of healthcare services. Socio-demographic characteristics such as age, marital status, religious affiliation, educational level, influenced the choice of healthcare services among women.

RECOMMENDATIONS

In view of the findings of this study, the following recommendations were made:

1. Targeted, staged based information, education and communication intervention should be implemented by NGOs such Family Health International -360, Society of Family Health, Planned Parenthood Federation of Nigeria etc to improve the utilization and choices of healthcare services among women.
2. Health Agencies and stake holders 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. 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

- Adedokun, S.T., Adekambi, V.T., Uthman, R.J. & Lilford, R.J. (2017). Contextual factors associated with healthcare services utilization or children with acute childhood illness in Nigeria. *PLoS ONE*, 12(3), e0173578. Doi. 10.1371.
- Yar'zever S.I. (2014). Temporal analysis of maternal mortality in Kaduna State. Northern Nigeria. A six Years Review. *American Journal of Public Health Research*, 12(2):62-67.
- Esen K.R., & Sappor, M., (2013) Factors associated with the utilization of skilled delivery services In the Ga East Municipality of Ghana. Part 1: Demographic Characteristics. *International Journal of Scientific & Technology Research*; 8 (2): 184-196.
- Adedokun, S.T., Adekambi, V.T., Uthman, R.J. & Lilford, R.J. (2017). Contextual factors associated with healthcare services utilization or children with acute childhood illness in Nigeria. *PLoS ONE*, 12(3), e0173578. Doi. 10.1371.
- Adegboyega O. & Abioye K. (2017). Effects of health-care services and commodities cost on the patients at the primary health facilities in Zaria Metropolis, North Western Nigeria. *Nigeria Journal of Clinical Practice*. 2(8):1027-1035.
- Adewoye, K.R., Musa, I.O., Atoyebi, O.A., & Babatunde, O.A. (2013). Knowledge of utilization of antenatal care services by women of child bearing age in Ilorin-East Local Government Area, North Central Nigeria. *International Journal of Science and Technology* 3(3): 188-193.
- Adewuyi, E.O., Auta, A, Khanal, V., Bamidele, O.D., Akuoko, C.P, & Adefemi, K., (2018) Prevalence and factors associated with underutilization of antenatal care services in Nigeria: A comparative study of rural and urban residences based on the 2013 Nigeria demographic and health survey. *PLoS ONE* 13(5): e0197324
- Adewuyi, E.O., Auta, A, Khanal, V., Bamidele, O.D., Akuoko, C.P, & Adefemi, K., (2018) Prevalence and factors associated with underutilization of antenatal care services in Nigeria: A comparative study of rural and urban residences based on the 2013 Nigeria demographic and health survey. *PLoS ONE* 13(5): e0197324.
- Gebregziabher, N.K., Zeray, A.Y., & Abtew, Y.T . (2019). Factors determining choice of place of delivery: analytical cross-sectional study of mothers in Akordet town, Eritrea. *BMC Public Health* 19, 924.
- Johnson, O.E., Obidike, P.C., Eroh M, U., Okpon A, A., Bassey E, I., Patrick,P.C., Ebong P, E., & Ojumah E., (2020). Choices and determinants of delivery location among mothers attending a primary health facility in Southern Nigeria. *Nigerian Postgraduate Medical Journal*; 27:42-48.
- Kifle, M. M., Kesete, H. F., Gaim, H. T., Angosom, G. S., & Araya, M. B. (2018). Health facility or home delivery? Factors influencing the choice of delivery place among mothers living in rural communities of Eritrea. *Journal of health, population, and nutrition*, 37(1), 22.

- Adam, V. Y., & Awunor, N. S., (2014). Perceptions and factors affecting utilization of health services in a rural community in southern Nigeria. *Journal of Medicine and Biomedical Research*, 13(2).
- Nwankwo O. N., Ani, O. E., Akpoke, M., & Ugwa, E. A. (2019). Determinants of choice of place of delivery among women attending two referral hospitals in Kano North-West Nigeria. *Nigeria Medical Journal*: 60:68-75.
- El-Shiekh, B., & Kwaak, A.V. (2015). Factors influencing the utilization of maternal healthcare services by Nomads in Sudan. *Pastoralism*. 23(5): 9402.
- Kurpas, D., Bynowska-Fedak, M.M., Athanasiadou, A. & Mrizek, B. (2018). Factors influencing utilization of PHC services in patients with chronic respiratory diseases. Non – communicable diseases. *Advances in Experimental Medicine and Biology*. 866. Doi. 10.1007.
- Sahito A., Rabbani U., Zahidie A., & Fatmi Z., (2016). “Determinants of Antenatal Care Utilisation in Pakistan: Pakistan Demographic Health Survey 2012-2013,” *Journal of Pioneering Medical Sciences*, 6(2): 210-215.
- Okhakhume, A.S., & Okhakhume, V.A, (2018). The knowledge and practices of women of child bearing age towards safe motherhood in Ekiti State. *Journal of Current Medical Research and Opinion*, 1(09), 47-65.
- Olayinka, I. S. & Ige, O. K., (2013). Equity of care: A comparison of National Health Insurance Scheme enrollees and fee-paying patients at a private health facility in Ibadan, Nigeria. *Journal of Public Health and Epidemiology*, 5(2), 51-55.
- Butawa, N. N., Tukur, B., Idris, H., Adiri, F., & Taylor, K. D., (2010). Knowledge and Perceptions of Maternal Health in Kaduna State, Northern Nigeria. *African Journal of Reproductive Health*, 14(3): 71-76.
- Dairo, M.D. & Owoyokun, K.E. (2010) Factors Affecting the Utilization of Antenatal Care Services in Ibadan, Nigeria. *Benin Journal of Postgraduate Medicine*, 12, 5-7.
- Okonofua, F., Ntoimo, L., Ogungbangbe, 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 and Childbirth*, 18(1), 106. doi.org/10.1186.
- Amu, H., & Sekyi, D, K., (2018) Studied the effects of spatial location and household wealth on the utilisation of skilled birth attendants at delivery among women in rural Ghana. *Ghana Journal of Geography*: 10(1), 58–77.
- Perumal, N., Cole, D.C., Ouédraogo, H.Z. (2013). Health and nutrition knowledge, attitudes and practices of pregnant women attending and not-attending ANC clinics in Western Kenya: a cross-sectional analysis. *BMC Pregnancy Childbirth* 13, 146.
- Panezai, S., Ahmad, M., & Saqib, S. E., (2017). Factors affecting access to primary health care services in Pakistan: a gender-based analysis. *Development in Practice*, 27(6).
- Kalule-Sabiti, I., Amoateng A. Y., & Ngake, M., (2014). The Effect of Socio-demographic Factors on the Utilization of Maternal Health Care Services in Uganda. *African Population Studies*, 28 (1), 515.
- WHO (2016). Global means of preventing maternal mortality rate among women and utilization of antenatal service. www.who.int/news-room/factstreet.
- WHO (2019). Maternal mortality. Factsheet. www.who.int/news-room/factsheet. 19 September, 2019.