

Influence of Socio- Economic Factors on Uptake of Maternal Health Services among Reproductive Age Women in Offa Town, Kwara State

S.O. ONIYANGI, M.F. ALARO
University of Ilorin, Nigeria

Abstract. The study investigated Influence of Socio- economic factors on uptake of maternal health services among reproductive age women in Offa town. In developing countries Socio-economic factors has been identified as major factors that influence the uptake of maternal health services among reproductive age women. The objectives of this study were to: (i) examine the influence of education on the uptake of maternal health services. (ii) determine the influence of economic status on the uptake of maternal health service. (iii) investigate the influence of occupational status on the uptake of maternal health services in Offa town kwara, Nigeria.

A descriptive research design of survey type was employed for the study. The Population for the study comprised all registered pregnant women attending antenatal clinic in primary health care centre Offa town. A multistage sampling technique of simple random sampling technique, purposive and proportionate sampling techniques to select 400 respondents. Researcher structured a likert format rating scale questionnaire tagged Influence of Socio-economic factors on uptake of maternal health service. The instrument was validated by three experts from the Department of Health Promotion and Environmental Health Education, University of Ilorin. A reliability correlation coefficient of 0.68r was obtained using pearsons product moment correlation statistical tools. Data was collected by the researcher and two trained research assistants. The three research questions and correspondence hypotheses were raised and formulated to guide the study.

Inferential statistics of chi-square (x^2) was used to analyze the postulated hypotheses at 0.05 alpha level.

The findings of the study showed that:

- (i) Level of education of reproductive age women have significantly influence on uptake of maternal health services with calculated chi-square (x^2) value of (307.07) > critical(x^2) value of (21.03).
- (ii) Economic status of reproductive age women significant influence the uptake of maternal health services in Offa town because calculated (x^2) value 222.90 > critical (x^2) value (21.026).
- (iii) Occupational status of reproductive age women significant influence the uptake of maternal health services because calculated (x^2) value 77.54 > critical value (21.03).

The study concluded that level of education, economic and occupation adversely influence the uptake of maternal health services. Therefore it was recommended that efforts should be made toward empowering women through formal education to equip them with the necessary skills to earn and control income. This would help increase the autonomy of women in seeking to issues regarding their own health as many respondents attributed the non-use of the services to financial reasons. Women could also be trained to take up other vocations to supplement their incomes as the general levels of incomes disclosed were low. Furthermore

there is also need for government to put in more effort in community health financing in order to improve the health standard of the women of low economic status.

1. Introduction

Child bearing is one of the perilous experiences that reproductive age women engage in while bringing new life to this world. It is often associated with complications that may cause morbidities, disabilities and mortalities. World Health Organization (2014) estimates that more than half a million women lose their lives in the process of reproduction worldwide every year; of these deaths, about 99 percent are from developing countries. The share of Sub-Saharan Africa from the total death toll for developing countries is more than fifty percent and lifetime risk of dying from pregnancy is extremely high, that is, for every 26 mothers, one mother dies as the result of pregnancy and childbirth in Sub-Saharan Africa. This frequency is about 281 times more than the maternal deaths in developed countries in which one mother dies from 7300 mothers (Iyaniwura & Yussuf, 2009). The disparity in maternal mortality between poor and rich regions of the world is striking. In 2005, the maternal mortality ratio was highest in developing regions (450 maternal deaths per 100,000 live births), in severe contrast to developed regions (9 maternal deaths per 100,000 live births) and countries of the commonwealth of independent states (51 maternal deaths per 100,000 live births) (WHO, 2007). At the global level, maternal mortality has decreased at an average of less than 1% annually between 1990 and 2005, far below the 5.5% annual decline necessary to reach the 5th Millennium Development Goal (MDG), that is to reduce maternal mortality by three-quarters by 2015 (WHO,2007). Ronsmans and Grahams (2006) affirmed that vast majority of maternal deaths are preventable by giving women access to relatively basic maternal health services. Conditions amenable to intervention by skilled health providers are involved in about 80% of maternal deaths and thus, to date, the core strategy for driving down maternal mortality has been to increase access to emergency care

around the time of delivery (Ronsmans & Grahams, 2006).

Systemized screening programme for antenatal care were introduced in western Europe at the beginning of the early 20th century (Carrolin & Rooney 2001). By combining Scientific innovation with an organized, preventive approach to health care, it was hoped that routine antenatal care would contribute to a reduction in prenatal and maternal mortality. It has been observed in one of the field based experience and surveillance initiative that most reproductive age women in Nigeria have not gotten the right information regarding their reproductive health this is because majority of them especially in the rural areas failed to make use of the available maternal health services in hospitals and clinics. The national health policy devotes an entire section to the implementation of maternal health services. The objectives of this paper is to investigate the influence of socio-economic factors on the uptake of maternal health services among reproductive age women in Kwara State .The significance of this is to reduce the current high maternal mortality.

Women of low economics status do not have adequate access to maternal health care chiefly for two reasons: first, most women do not have a say in decision making that affects their reproductive health and capacity. Saiffudin, Ahmed, Tsui and Andreea, (2009) asserted that the ability of a woman to obtain medical care for reproductive health concern has always been in recognition of dynamism of family power. Celiks and Hotchkiss (2000) noted that low socio-economic status of women poor educational background and improper choice of antenatal health care facilities contribute to maternal mortality rate in developing countries. Family income is an important enabling factor as it determines the amount of funds available to an individual to seek quality health care services. Furutal, Mesganaw and Fasubaa (2006) stressed that women's low social status, lack of knowledge about illness and lack of awareness about obstetrics/gynecology are danger signs of maternal death, lack of decision making power and inability to pay for services also play a significant role in the under-utilization of existing maternal health services. Interestingly,

Level of education of the respondents was significantly associated with all the maternal health outcomes. Most of the respondents to an extent knew about the MHS irrespective of their educational background. It therefore suggests that Knowledge on MHS is not tied to formal education. Thus, people could be educated through informal means such as the radio among others. Though, several researches have shown positive influence of education on the utilization of Maternal Health Services.

The distinction between education and non-education was a respondent's attempt to go to school irrespective of the level and never being to school. It could therefore be hasty to discount the relevance of education in the utilization of Maternal Health Services. Several studies have assessed the individual and household determinants of utilization of maternal services. These studies have not yielded a consistent pattern of relationships between service utilization and individual and household predictors. In some cases, even when a strong association has been reported, such as in the case of the positive relationship between education and the use of skilled health attendants at birth, the extent and nature of the relationship are not uniform across social settings.

Elo (1994) affirmed that women with primary level education were more likely to utilize maternal health services compared to those without any formal education; some studies in Thailand and Bangladesh did not record any significant difference between the two educational groups. A number of studies have reported positive association between economic status and use of medical settings for delivery whereas others have not found such an association (Goldman & Pebley 1994).

2. Statement of Problem

Utilization of maternal health care services is a proximate determinant of maternal morbidities and mortalities. Considering the differences in maternal health services use across the three senatorial districts of Kwara State understand the factors that influence utilization become important. Despite efforts of World Health Organization in the last 3-4 decades to improve women health all over the world which has

shown positive dividends many women that have access to modern education marry lately and wish to have smaller families by using various contraceptives. However there are number of reproductive age women in the study areas that are suffering from Antepartum haemorrhage, postpartum haemorrhage, pre-eclampsia, toxemia, eclampsia, Recto-vaginal fistula, vesico vaginal fistula, congenital abnormalities, placenta problem, ectopic pregnancy, maternal distress, premature birth etc. Many of those problems are as a result of not utilizing appropriate maternal health care services; this is due to the fact that many of them are limited due to lack of funds, low level of education. This justified the assertion of Furuta, Mesganaw and fasubaa (2002) when they noted that women's low social status, lack of knowledge about illness and lack of awareness about obstetric/gynecology are danger signs of maternal death.

3. Research questions

The following questions were raised to guide this study:

- Will level of education of reproductive age women influence the uptake of maternal health service in Offa town Kwara State?
- Will economic status of reproductive age women influence the uptake of maternal health services in Offa town Kwara State?
- Will occupational status of reproductive age women influence the uptake of maternal health services in Offa town Kwara State?

4. Research hypotheses

The following hypotheses were postulated and tested in this study:

- Level of education of reproductive age women will not have significant influence on uptake of maternal health services in Offa town, Kwara State.
- Economic status of reproductive age women will not have significant

influence on uptake of maternal health services in Offa town Kwara State.

- Occupational status of reproductive age women's will not have significant influence on uptake of maternal health services in Offa town Kwara State.

5. Methodology

Descriptive research of survey type was employed for this study. The population for this study comprised all registered pregnant women attending antenatal care clinic in primary health care centres in Offa town with approximate population of Eight hundred and ten (810). A multistage sampling technique of simple random sampling technique, purposive and proportionate sampling technique was employed for the study. Simple random sampling technique of fish bowl method was used to select three (3) primary health care centres (Abogunnugun health care centre, Emir palace health centre and Lamodi health centre) where antenatal care services are available. Then purposive sampling technique was used to select pregnant women within the ages of 15-49 years attending antenatal clinic

while proportionate sampling technique was used to pick 50% of the total population amounted to four hundred (400).

Researchers designed close ended questionnaire which was validated by three experts from the Department of Health Promotion and Environmental Health Education, University of Ilorin. The reliability of the instrument was ascertained using split-half method to estimate their degree of relationship. A reliability coefficient of 0.68r was obtained . The permission to carry out the study was obtained and ethical approval was obtained from research ethical review committee of ministry of health Ilorin Kwara State and university of ilorin. The copies of the questionnaire were administered to the respondents during their antenatal day with the aid of two trained research assistants. Data collected were sorted, collated, coded and analysed. The three postulated null hypotheses were tested using inferential statistics of chi-square at 0.05 alpha level. Data analysis was done using statistical package for the social science software version 21.0.

6. Hypotheses Testing

HYPOTHESIS 1: level of education of reproductive age women will not have significant influence on uptake of maternal health services.

TABLE 1: Chi-square analysis showing influence of education of Reproductive Age Women on uptake of maternal health services.

Item	SA	A	D	SD	ROW TOTAL	Cal (x ²)	DF	Crit. Value	Decision
1. Women level of education enhances utilization of health services.	81 (20.25%)	72 (18.00%)	154 (38.5%)	93 (28.25%)	400 (100%)				
2. Women level of education determines attendance in family planning clinic.	81 (20.25%)	167 (41.75%)	53 (13.25%)	99 (24.75%)	400 (100%)				
3. Women level of education determines attendance in ANC	94 (23.5%)	132 (33%)	96 (24%)	78 (19.5%)	400 (100%)	307.07	12	21.03	H ₀ Rejected
4. Women level of education influences HIV screening.	92 (23%)	123 (30.75%)	79 (19.75%)	106 (26.5%)	400 (100%)				
5. Women level of education influences acceptance of nutrition education.	108 (27%)	82 (20.5%)	106 (26.5%)	104 (26%)	400 (100%)				
Column Total	456	576	488	480	2000				

Significance level 0.05

In the table 1 Pregnant women who formed the respondents agreed that level of education makes them aware of the importance of maternal health services. The educated pregnant women have the knowledge of making the right choice of antenatal care. The findings from the analysis in the table 1 shows the

calculated chi-square (x^2) value of 307.07 against the table (x^2) value of 21.03 at 0.05 alpha level with degree of freedom 12 since the calculated (x^2) value of 307.07 was greater than the table value of 21.03, thus, the null hypothesis was rejected which means that level of education Reproductive Age Women influences the uptake of maternal health services.

HYPOTHESIS 2: Economic status of Reproductive Age Women will not have significant influence on uptake of maternal health services.

TABLE 2: Chi-square analysis showing the influence of Economic Status of reproductive age women on uptake of maternal health services.

Item	SA	A	D	SD	ROW TOTAL	Cal (x^2)	DF	Crit. x^2 Value	Decision
1. Women's financial status influences attendance in antenatal clinic.	32 (8%)	299 (74.75%)	39 (9.75%)	30 (7.5%)	400 (100%)				
2. Women's financial status determines the purchasing of drugs prescribed.	24 (6%)	129 (32.25%)	200 (50)	47 (11.75%)	400 (100%)				
3. Women's financial status determines the level of provision for the incoming baby.	33 (8.23%)	351 (87.75%)	10 (2.5%)	6 (1.5%)	400 (100%)	222.90	12	21.026	H ₀ Rejected
4. Women's financial status influence the problem of infertility.	82 (20.5%)	125 (31.25%)	177 (44.25%)	16 (4%)	400 (100%)				
5. Women financial status facilitates positive attitudes towards uptake of maternal health services.	151 (37.75%)	78 (19.5%)	92 (23%)	79 (19.75%)	400 (100%)				
Column Total	145	112	20	23					

Significance level 0.05

Table 2 shows that result of hypothesis two which states that economic status of reproductive age women will not have significant influence on uptake of maternal health services. The table indicate that the calculated value of 222.90 and critical value of 21.026 with degree of freedom of 12 and at 0.05 alpha level. Since the calculated value of 222.90 is greater than critical value of 21.026, then the null hypothesis is therefore rejected, which implies that economic status of pregnant women has much impact on the level of participation in antenatal care.

HYPOTHESIS 3: Occupational status of reproductive age women will not have significant influence on uptake of maternal health services.

TABLE 3: Chi-square analysis showing influence of occupation status of reproductive age women on uptake of maternal health services.

Item	SA	A	D	SD	ROW TOTAL	Cal (x^2)	DF	Crit. Value	Rem.
1. Civil servant women patronize antenatal clinic than market women.	81 (20.25%)	72 (18.00%)	154 (38.5%)	93 (23.25%)	400 (100%)				
2. Civil servant women patronize family planning clinic than market women.	81 (20.23%)	53 (13.25%)	167 (41.75%)	99 (24.75%)	400 (100%)				
3. Civil servant women involve in practices of adequate diet than market women.	94 (23.5%)	96 (24%)	132 (33%)	78 (19.5%)	400 (100%)				
4. Civil servant women involve in pre-marital sickling test than market women.	92 (23%)	79 (19.75%)	123 (30.75%)	106 (26.5%)	400 (100%)	77.54	12	21.026	H ₀ Rejected

5. Civil servant involve in testing for blood pressure estimation than market women.	108 (27%)	82 (20.5%)	106 (26.5%)	104 (26%)	400 (100%)
Column Total	456	382	682	480	2000

Significance level 0.05

Table 3 shows the reproductive age women who formed the respondents agreed that civil servant women patronize antenatal clinic involve in family planning, practice premarital sickling test because they were better informed about the significant of maternal health services utilization. The findings from the analysis in the table 3 shows the calculated chi-square(χ^2) value of 77.54 against the table value of 21.026 at 0.05 alpha level of significance with degree of freedom 12. Since the calculated χ^2 value of 77.54 was greater than the table value of 21.026, thus, the null hypothesis was rejected, which means that occupation status influence utilization of maternal health services.

7. Discussion of findings

Hypothesis one shows that level of education of reproductive age women attending antenatal clinics in Offa hospitals had significant influence on uptake of maternal health services. These findings corroborated with Saifuddin Ahmed, Andreea, Creanga, Duff, Gillespie, Amy and Tsui (2010) that women who have completed primary education are almost five times more likely to have utilized maternal health care services than less educated women. The findings of this study is concurs with what observed by the researcher among pregnant women. The educated pregnant women are better informed and had more awareness about how to make best choice of health care services. Hypothesis two revealed that economic status of reproductive age women had significant influence on uptake of maternal health services. This findings corroborates with Nodine and Hasting (2012) who affirmed that economic status is a significant factor for utilization of maternal health services. This corroborated with findings of Gillespie et,al (2007) noted that women constrained economic resources can inhibit their ability to seek health services and or contribute to delay in accessing and receiving

medical care in places where services are readily available.

Hauwa (2011) noted that economic status affects utilization of maternal health care services. This is so because individuals in low economic status are most likely to delay seeking professional health care's even when presented with severe symptoms.

Hypothesis three shows that occupational status of reproductive age women had significant influence on uptake of maternal health services. This findings was in line with Ahmed et,al (2010)asserted that women with highest empowerment score have an higher odds of utilizing maternal health services.

8. Conclusion

Based on the findings from the analysis of the tested hypotheses. The following conclusions were drawn:

- Level of education of reproductive age women influence the uptake of maternal health services.
- Economic status of reproductive age women have influence on the uptake of maternal health services
- Occupational status of reproductive age women had influence on uptake of maternal health services.

9. Recommendations

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

- Pregnant women should be properly educated on the importance of maternal health services to prevent complications and untimely death.
- Pregnant women socio economic status should be improved to increase maternal health care service utilization.

- Efforts should be made toward empowering women through formal education to equip them with the necessary skills to earn and control income. Most women had no formal education and were not working. This would help increase the autonomy of women in seeking to issues regarding their own health as many respondents attributed the non use of the services to financial reasons.

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