

UTILIZATION OF MATERNAL AND CHILD HEALTH CARE SERVICES AMONG CHILD BEARING MOTHERS IN DEKINA LOCAL GOVERNMENT AREA OF KOGI STATE

Abalaka Joy and Jegede Solomon Oluwatobi

ABSTRACT

The extent of utilization of maternal and child healthcare services is the proximate factor behind the high rate of maternal and child morbidity and mortality. The high rate of maternal and child morbidity and mortality has become a serious challenge to the global public health especially in developing countries like Nigeria. Hence, this study assessed, the utilization of maternal and child health care services among child bearing mothers in Dekina Local Government Area. A descriptive cross-sectional design is adopted and through multistage sampling technique, a total number of 400 respondents were selected. Data was collected using a self-structured questionnaire with a Cronbach Alpha of 0.77. Analysis is done with the aid SPSS and presented in tables, frequencies and percentages. The result of this study revealed that the utilization of antenatal and immunization services by the respondents is high. Further results of this study showed that the utilization of delivery services is high but low compared to utilization of ANC and postnatal services is low. The result observed that the following factors affect utilization of maternal and child health services: availability of health personnel (59.8%), nearness to health facility (85.2%), attitude of health workers (88.8%), availability of services materials (63.0%), free medical services (94.0%), lack of money (94.8%), non-availability of child health services (60.5%) and non-availability of drugs in the facility (56.8%). It is recommended that, health education and campaign on adequate utilization of MCH should be conducted by health educators and other health professionals regularly at the health centers. Government should ensure that all primary health centers should be made functional by making sure that they are well supplied with adequate drugs and equipment.

Keywords: Morbidity, Mortality, Delivery Services.

INTRODUCTION

Women and children all over the world are experiencing life threatening problems and deaths due to pregnancy and childbirth. This may be attributed to the availability, accessibility and extent of utilization of maternal and child healthcare services among others. Adamu (2011) in Fotso et al (2009) opined that the extent of utilization of maternal and child healthcare services is the proximate factor behind the high rate of maternal and child morbidity and mortality. The high rate of maternal and child morbidity and mortality has become a serious challenge to the global public health especially in developing countries like Nigeria (Babalola & Fatusi, 2009 in Magadi et al 2000). This is why all nations around the world have decided to sign up under Millennium Development Goals to reduce maternal and child mortality by at least 2/3 and 3/4 by the year 2015 respectively through improving maternal and child health. Maternal and child health refers to the health of mothers and their children. Maternal and child healthcare service is defined by Baba, Kaul and Heena (2003) in Navaneetham et al (2009) as health service meant to improve the health of mothers and children in any given society. The aim of maternal and child health care services according to the above authors is to provide quality health care and reduce maternal and infant mortality. Baba, Kaul and Heena (2003) maintained that it helps to ensure access to preventive and curative child care services as well as rehabilitation services for certain children. Maternal and child healthcare services also provide a channel through which medical and health care services can be organized to improve the health and wellbeing of mothers and children.

United Nations' Children Fund UNICEF (2007) stated that maternal and child healthcare services are designed to revitalize primary health care in every local government. This is to reduce maternal, new born and under five mortality in line with the 4th and 5th Millennium Development Goals target. Maternal and child health care services (MCH) in this study can therefore be defined as services designed to improve maternal and child health and to reduce maternal and child morbidity and mortality. Maternal and child healthcare service has different components. Components of MCH according to Chandihouk (2006) in Sumithra (2006) include antenatal services, delivery care service, malaria prophylactic, iron and foliate supplement, children screening, immunization, growth monitoring, school health services, adolescent health care and family planning. Adamu (2011) listed some components of MCH to include antenatal care, skilled birth attendants, postnatal care, family planning, immunization and iron supplements. This study adopted Adamu's components which include antenatal care service (ANC), delivery care services (DCS), postnatal care services (PNC), family planning service (FPS), immunization service (IMS) and food supplementation services (FSS). The adoption of these is based on the fact that they are the functional ones at the study area.

Antenatal care (ANC) is a type of health care service rendered to a woman during the period of pregnancy. National Population Commission (2004) asserts that ANC is the care for effective prevention of negative pregnancy outcomes when it is sought early in pregnancy and continues throughout delivery. Babalola and Fatusi (2009) suggested that ANC gives opportunities for providing health care services, such as prophylactic treatment of malaria, and immunization against neonatal tetanus. They further stated that ANC are those cares given to pregnant women to help prevent or minimize complications of pregnancy so as to have healthy babies.

Delivery care service (DC) is the care at the onset of labour till time of delivery. Chaudihouk (2006) defined delivery care as the care aimed at promoting clean delivery to reduce complications and death. They are trained to recognize the signs of complication early enough, to intervene and manage the situation and make quick referral to higher levels of care Bell, Curtis and Alayon, (2004) in Singh et al (2012) as may be indicated. World Health Organization WHO (2007) stated that the provision of skilled birth attendant for delivery along with equipment, drugs and supplies is necessary for effective management of obstetric complications. WHO also stated that the use of SBAs has been described as the single most important factor in preventing maternal deaths. Delivery or obstetric care services are given to monitor the women during delivery and since there is no reliable way to predict which woman will develop complications during delivery, it is therefore very necessary for it to be within the reach of the pregnant woman for easy access during delivery and postnatal period. In the context of this study, delivery care can be seen as services rendered to pregnant woman during labour and delivery so as to avoid complications, avoid death and have healthy babies. These services range from hospital delivery, delivery by SBAs, forceps delivery to vacuum extractor. This variable is very necessary in this study because it is a very important strategy to reduce complications and death that occurs during the time of delivery.

Postnatal or postpartum care services (PNC) are assistance given at the end of delivery service. Post-natal care according to Adamu (2011) is the care given immediately after birth and up to 40 days after delivery. Adamu affirmed that PNC is very important for mothers as it has been observed that more than 60 percent of maternal deaths take place during post-natal period due to haemorrhage, infections and hypertensive disorders. Gill, Pande and Mathotra (2007) in Vijaya (2007)

noted that during the post-natal period, mothers and children are being taken care of by observing them physically for early sign of complications, giving them advice and support for exclusive breastfeeding, teaching on the need for child spacing through family planning, health education on how to care for their babies, food preparation and weaning. Some other services rendered during post-natal care are maternal and child nutrition, hygiene and sanitation, education, prevention and treatment of infectious diseases including HIV and other sexually transmitted infections (STIs) and immunization services (United State Agency for International Development USAID 2009). Post-natal services can therefore be defined as services given to the mother and child after delivery to reduce post-partum complications and to improve the health of mother and child. During this period, proper examination of the mother and the baby is carried out. Thus, it becomes imperative for every mother to utilize the service to reduce death and maintain an optimal health.

Immunization service (IMM) is a very important aspect of maternal and child healthcare services. Onuzulike (2008) defined immunization as a deliberate stimulation of the body defences against a specific harmful germ or bacteria. Immunization of babies, pregnant women and even adults is very important as it guides the body against infectious disease. World Health Organization WHO (2004) defined immunization as a process whereby a person's immune system is made to be resistant to an infectious disease, typically by administration of a vaccine. Vaccines stimulate the body's immune system to protect the person against subsequent infection or disease. It is estimated that 2-3 million deaths occur each year due to infectious disease such as measles, mumps, rubella, hepatitis B, polio, diphtheria, tetanus and pertussis (whooping cough) (WHO, 2004). WHO (2004) affirmed that immunization is a proven tool for controlling and eliminating these lives threatening infectious diseases. Immunization in

this study is therefore a process by which an individual's immune system is fortified to fight against infectious diseases. Family planning service (FPS) is a plan intended to determine the number and spacing of one's children through effective method of birth control.

Hornby (2006) in Furata et al (2006) defines utilization as a means of putting something in good use or making adequate use of something. Utilization of healthcare services involves people's participation in modern health programmes and attitude thereof. Utilization of MCH helps to access the effectiveness of these services thereby when they are well utilized they will be able to achieve their aim which is to reduce complications and eliminate maternal and child mortality. Fosu (2011) revealed that without effective utilization of health facilities and services, eradication of disease may be a "chasing of the wind" even when such facilities for eradication are provided. Fosu divided utilization into two; low utilization and effective utilization. Low utilization is when less than fifty percent women use the services and effective is when more than fifty percent use the services. In this study, the extent of utilization of maternal and child healthcare services is the measure of the way or the rate by which MCH available are utilized.

However, the extent of utilization of MCH is influenced by many factors which may enhance the use or pose a barrier. Ajaegbu (2013) noted that poor MCH utilization could be due to long distance which makes it inaccessible to the clinic, non-availability of staff, non-availability of equipment, household behaviour, worker's attitude, cost of providing services and low status of women. The above factors have the potential of restricting or enhancing the usage of MCH which will in turn affect the health of these women and that of their children. Other factors include demographic factors (age, parity, and, location), social factors as religion, level of education culture, availability and accessibility (Awusi, Anyanwu and Okeke, 2009). In this study, the factors investigated are age, parity,

level of education and maternal occupation. Onah, Ikeakor and Iloabuchi (2006) observed that development of modern medicine and educational opportunities for women in recent years have made younger women to have enhanced knowledge of modern health care and place more emphasis on the values of modern health care. It is pertinent to note that women of younger age are more exposed to modern facilities which facilitate their utilization of health care services more than the older women. Furthermore, the older women may decrease their use of health care services due to some reason like having had enough of health care experiences, no complication in previous pregnancy or being conversant with these conditions which may be in relation with their parity.

Enabling Characteristics reveals that certain resources need to be available to an individual in order to actualize health services utilization even in the presence of predisposing factors. These resources are defined as enabling as they make health services to be available to the individual and are found at the family and community levels. Family resources include income (economic status, health insurance coverage and location of residence (Anderson and Newman, 2005). Family income is an important enabling factor as it determines the amount of funds available to cover health or health related costs e.g. physician consultation, drugs, transportation etc. Community resources include the number of health facilities and health personnel available for use. A greater number of health facilities and personnel will reduce the unpleasantness of giving up for limited services and might be used more by individuals. Community resources also include the nature of the area where an individual resides that is the region of the country or the area whether urban or rural. This region or area reflects the fact that local norms and values can influence an individual behaviour towards the practice of medicine (Anderson and Newman, 2005).

Need based characteristics are the characteristics of illness, perceived health status and expected benefit from treatment.

Burgard (2004) and Anderson and Newman (2005) argued that this need characteristics include perceived needs that is the perception of illness and its severity or the probability of an illness occurring and also need as evaluated by a health professional. In other words, the perceived ill health or the severity of an illness or the illness as diagnosed by a skilled health attendant influences the need to seek for medical help. More so, a woman need for health care may be influenced by past experiences in pregnancy and childbirth or personal preferences. Thus, perceived need serves as a stimulus for the use of health services. Perceived illnesses can be measured by the number of disability, days and symptoms experienced by the individual during a specified time frame (Anderson and Newman 2005). Women of childbearing age perception of their pregnancy condition, or ill health or disability during pregnancy or past experiences and or her exposure for the need for health care utilization influence her desire to use any healthcare services.

Education is another important variable that determines utilization of health care services. Anderson and Newman (2008) stated that family income reflects economic status, health insurance coverage and location of residence. They also put it that family income is an important enabling factor as it determines the amount of funds available to cover health or health related costs e.g. physician consultation, drugs, transportation etc. It is noted that women from poor families or those with limited resources may have difficulties accessing health services and in paying hospital bills. This is because such occupation is usually associated with greater wealth which makes it easier for them to bear the cost of healthcare.

The study was anchored on two theories; Anderson health seeking behavioural theory (AHBT), and health belief model (HBM). Anderson health seeking behavioural theory was proposed by Anderson and Newman (Anderson

and Newman 1973). The theory proposed that the use of health care services is a function of three sets of individual characteristics which include the predisposing characteristics, the enabling characteristics and the need characteristics. The study is anchored on this model because for a CBM to seek for health services and utilize them all these characteristics such as demographic factors. The relevance of the AHBM to the study focuses on the interplay of some demographic (age, education, location) factors in the utilization of maternal and child health care services among CBMs in Dekina Local Government Area. This model to the extent of utilization of MCH would be appreciated in its provision of significant insight on the predisposing factors, enabling factors and the need factors that determine the utilization of MCH among CBMs in Dekina LGA of Kogi State and also help the CBMs to device desirable character that will enable them to be healthy and have healthy children. There seems to be no published work on extent of utilization of MCH among childbearing mothers in Dekina LGA of Kogi State. This is the crux of the present study.

OBJECTIVES OF THE STUDY

1. To determine the level of utilization of ante natal care services among child bearing mothers in Dekina LGA.
2. To assess the level of utilization of delivery care services among the child bearing mothers in Dekina LGA.
3. To determine the level of utilization of post-natal care services among the child bearing mothers in Dekina LGA.
4. To identify the level of utilization of immunization services among child bearing mothers in Dekina LGA.
5. To identify the factors associated the utilization of MCH among CBMs in Dekina LGA.

MATERIALS AND METHODS

This study adopted the cross sectional, descriptive research design. The research area is Dekina Local Government Area, in Kogi State, Nigeria. Its headquarters are in the town of Dekina on the A233 highway in the north of the area at 7°41'41"N 7°01'20"E. The north easter line of equal latitude and longitude passes through the southeast of the LGA. It has an area of 2,461 km² (950 sq mi) and a population of 260,312 at the 2006 census.

The study population was the child bearing mothers in Dekina LGA of Kogi State. The total population of child bearing mothers is thirty-six thousand two hundred and sixty-nine (36,269) in Dekina LGA. Inclusion criteria: All child bearing mothers who have live in Dekina LGA for a minimum of one year. All child bearing mothers living in Dekina LGA who had chronic illnesses or were bed-ridden, child bearing mothers who were visitors or temporary residents in Dekina LGA were all excluded from the study. The Leslie Fischer's formula was used to determine the sample size and yielded a value of 387, however 400 questionnaires was administered.

Multistage sampling technique was used to select the sample or the study, first stage: the list of all the wards in Dekina LGA was obtained from the Local Government Headquarters. Five wards were selected using simple random sampling technique (balloting method). Second stage: The list of all the streets in the selected wards was obtained from the Local Government Headquarters. Two streets each were selected from the selected wards using simple random sampling technique (balloting method), making a total of 10 streets. Third Stage: All the houses in the selected streets were included in the study. Fourth Stage: all the eligible respondents who consented to being interviewed were included in the study until the sample size was met. A semi-structured questionnaire was used as the survey instrument. The questionnaire included

the following sections; personal data, extent of utilization of maternal and child health services and factors that affect utilization of maternal and child health services. The questionnaires were administered by the interviewer method. Four Research assistants were recruited and trained to assist in collection of data. The research attendants were trained for two days, of two hours daily.

Extent of utilization was arrived at by coding the number of times respondents used the particular service. Those who used the service for 13 to 16 times as very high utilization, 9 to 12 times as high utilization, 5 to 8 as moderate utilization, 4 to 7 times as low utilization and 0 to 3 times as very low utilization. Very high and high utilization were thereafter grouped together, and very low and low utilization were also grouped together as presented in the results section. At the bivariate level, the chi-square test was used to compare rates while the T-test was used to compare the means of the

continuous variables. Level of significance was set with p-value less than 0.05.

RESULTS

Table 1 revealed the demographic characteristics of respondents. 12.2% of respondents are within the age group of 15 to 20 years, 43% are within the age group of 21 to 30 years, 26.5% are within the age group of 31 to 40 years while 11% are within the age group of 40 years and above. The educational status of respondents shows that 11% had no formal education, 16.2% had primary education, 38.5% had secondary education and 34.2% had tertiary education. The parity of respondents revealed that 13% had 1 child, 12.8% had 2 children, 28.2% had 3 children, 23.8% had 4 children and 22.2% had 5 children. The occupational status of respondents showed that 13% are farmers, 24.5% are artisans, 18.8% are traders and 29.2% are civil servants.

Table 1:
Socio-Demographic Characteristics of the Respondents

	Characteristics	Frequency	Percentage
Age	15 – 20	49	12.2
	21 – 30	172	43.0
	31 – 40	106	26.5
	> 40	73	18.2
Educational status	No formal education	44	11.0
	Primary	65	16.2
	Secondary	154	38.5
	Tertiary	137	34.2
Parity	1	52	13.0
	2	51	12.8
	3	113	28.2
	4	95	23.8
	5	89	22.2
Occupational status	Farming	53	13.2
	Artisans	98	24.5
	Trading	75	18.8
	Civil servant	117	29.2
	Housewife	57	14.2

Table 2 reveals that the extent of utilization of antenatal services by respondents are as follows
 Palpation: only 62.5% of respondents really perform palpation, 13.2% for palpation moderately, while 24.2% don't do it. Only 76.2% of respondents took all the tetanus toxoid vaccination as scheduled, 16.5 % was moderate while 7.2% did not take it at all. 67.0% of respondents did urine and blood tests effectively, 9% did it moderately, while 24% did not do it. 58.2% of respondents did physical exercises effectively, while 11.2% did it

moderately and 30.5% did not do it. 57.2% of respondents check their weight and height effectively, 12.2% did it moderately, while 30.5% did not do it. 58.8% listen and put to effect what was learnt during health education, 10.2% did it moderately, while 31.0% did not do it. 71.2% of respondents come or the treatment of minor illness, 9.8% did it moderately, while 19.0% did not come. The result in table 2 implies that the utilization of antenatal services by respondents is high.

Table 2:
Extent of utilization of antenatal services by respondents

Variable	Extent of Utilization (%)		
	High	Moderate	Low
Palpation	250 (62.5)	53 (13.2)	97 (24.2)
Tetanus vaccination	305 (76.2)	66 (16.5)	29 (7.2)
Urine and blood tests	268 (67.0)	36 (9.0)	96 (24.0)
Physical exercises	233 (58.2)	45 (11.2)	122 (30.5)
Weight and height check	229 (57.2)	49 (12.2)	122 (30.5)
Health education	235 (58.8)	41 (10.2)	124 (31.0)
Treatment of minor illness	285 (71.2)	39 (9.8)	76 (19.0)
	64.6%	11.7%	19.4%

The result as presented in Figure 1 showed that 13% of respondents delivered at home. 20% of respondent delivered at prayer houses. 27% of respondents delivered with TBA while 40% of

respondents delivered in the hospital. This result concludes that majority of respondents delivered in the hospital but the percentage was low.

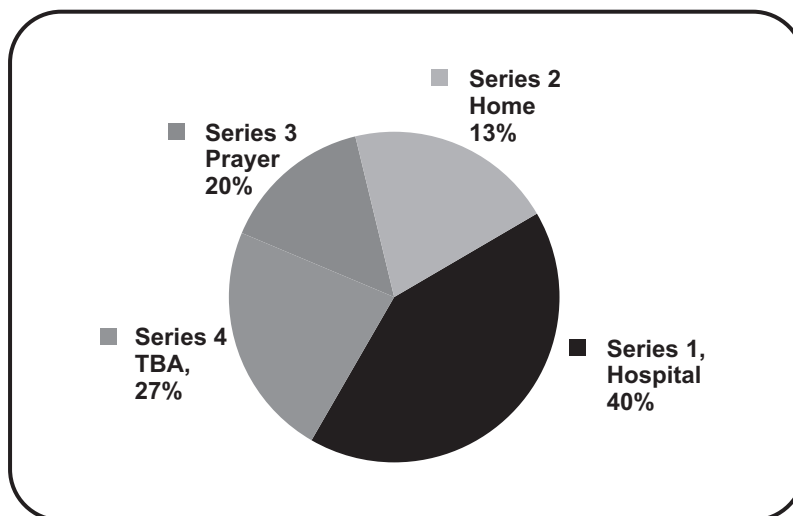


FIG 1: Level of utilization of delivery services by respondents

FIG 1: Level of utilization of delivery services by respondents

As presented in Table 3, 49.2% of respondents go for six weeks checkup. 43.5% of respondents perform the examination of baby. % of respondents perform the examination of the mother. This implies that the utilization of delivery services is high. This study showed

that 67.5% of respondents got BCG, 82% got Tetanus toxoid (TT), 68.5% got Diphtheria, Pertussis, Tetanus (DPT), 60% got Measles, 47.5% got Cerebrospinal meningitis (CSM), 63.5% got Hepatitis B Vaccine (HBV), 67.8% got Oral Polio Vaccine (OPV), 58% got Yellow fever vaccine. This study revealed that utilization of Immunization Services by the Respondents is high

Table 3:
The Post-Natal and Immunization Services Utilized by the Respondents

Variables	Frequency	Percentage	
Post-Natal Services (Multiple Responses Allowed)			
Six weeks check-up	197	49.2	
Examination of the baby	174	43.5	
Examination of the mother	121	30.2	40.7
Immunization services (Multiple Responses Allowed)			
BCG	270	67.5	
Tetanus toxoid (TT)	328	82.0	
Diphtheria, Pertusis, Tetanus (DPT)	274	68.5	
Measles	240	60.0	
Cerebrospinal meningitis (CSM)	190	47.5	
Hepatitis B Vaccine (HBV)	253	63.2	
Oral Polio Vaccine (OPV)	271	67.8	
Yellow fever vaccine	232	58.0	

Table 4 showed that the factors affecting utilization of maternal and child health services among respondents are availability of health personnel (59.8%), nearness to health facility (85.2%), Attitude of health workers (88.8%), availability of services materials (63.0%), free medical services (94.0%), lack of money (94.8%), non-availability of child health services in the facility (60.5%), non-

availability of drugs in the facility (56.8%), non-availability of medical health personnel (65.5%), high cost of drugs and services (83.2%) and difficulty with getting transport to the facility (87.6%). The study also shows that, non-availability of clinic equipment (28.0%), love for children (2.0%) and male child syndrome (0.8%) were not factors affecting utilization of maternal and child health services

Table 4:
Factors that affect Utilization of Maternal and Child Health Services among Respondents

Variables	Frequency	Percentage
<i>(Multiple Responses Allowed)</i>		
Availability of health personnel	239	59.8
Nearness to health facility	341	85.2
Attitude of health workers	355	88.8
Availability of services materials	252	63.0
Free medical services	376	94.0
Lack of money	379	94.8
Non-availability of child health services in the facility	242	60.5
Non-availability of drugs in the facility	227	56.8
Non-availability of medical health personnel	262	65.5
High cost of drugs and services	333	83.2
Difficulty with getting transport to the facility	346	87.6
Non-availability of clinic equipment	112	28.0
Love for children	8	2.0
Male child syndrome	3	0.8

DISCUSSION

Pregnancy and childbirth are part of a woman's life. It is a period of joy and pride though mostly associated with pains, complications and deaths for many women all over the world especially those in the developing world. Most of the complications of pregnancy and child birth can be prevented through provision of a quality MCH, early access and adequate utilization. Proper utilization of MCH is of paramount importance to the life of mothers and their children for it have been associated with reduction in maternal and child morbidity and mortality (UNICEF, WHO, UNFPA, 2012). This study therefore assessed the utilization of MCH services among child bearing mothers in Dekina LGA of Kogi State.

The demographic characteristics of respondents in this study shows that majority are within the age group of 21 to 30 years. This age not only represents the reproductive age for women, but it is also representing the active and productive age range. (NDHS, 2009). Majority of respondents had either secondary

or tertiary education. This development is encouraging, and it shows that the effort of governmental and non-governmental organizations on improving female education in Nigeria is yielding positive results. This is important because the education of the women has been associated with most health outcomes. This study support A study conducted by Vijaya (2008) who reported that the overall literacy status was fairly satisfactory (51.90%) because almost 76.5 percent households were illiterate .Majority of the respondents had 3 children and lastly their occupation are artisans and civil servants.

Our study reveals that the utilization of antenatal services by respondents is high. Our study does not corroborates Suby Sule, Ijadunola, Onayade, Soetan and Connell (2002) who reported a utilization rate of 45.46% for MCH services. Our study is in line with Sumithra, Aswathy, Sandeep, Shobha, Johnson, Vatsala, & Lohidas (2006) who noted that, (91%) women visited a doctor during antenatal practices, (99%) receive TT

injection, and (98%) receive vit A Tablets in Kerala and Oberimeyer and Potter (1991), who revealed that (58.4%) women had prenatal care, (57.2%) went for private sector mainly physician in Jordan. Navaneetham and Dharmalingam (2009) also revealed that the use of maternal healthcare services was higher in the South Indian States than the Northern ones. This study support Buddigh & Bota (1999) who indicated that ninety seven percent of pregnant women attended the antenatal care facilities at least once. Seventy three percent came at least five times or more.

This result of this study showed that majority of respondents delivered in the hospital, yet, the utilization of delivery services is low. This study is consistent with Oberimeyer and Potter (1991) who revealed that (40.5%) birth took place in public health facilities, and professional midwives delivered most (2.5%), babies delivered by physician (31.1%), then traditional birth attendants (TBA, 22.1%). This study support the findings of Mccarthy and Maine (1992) who noted that hospital birth or delivery drastically reduced in Nigeria following the introduction of user fee in 1980s.

This study observed that the utilization of postnatal care services among the child bearing mothers in Dekina LGA is low (40.7%), but the utilization of immunization services among the child bearing is high. This study is in line with Rockvill (2006) who revealed that the utilization pattern of immunization in child health services in Thana health complexes is high.

The result of this study showed that the factors affecting utilization of maternal and child health services among respondents are availability of health personnel (59.8%), nearness to health facility (85.2%), Attitude of health workers (88.8%), availability of services materials (63.0%), free medical services (94.0%), lack of money (94.8%), non-availability of child health services in the facility (60.5%), non-availability of drugs in the facility (56.8%), non-availability of

medical health personnel (65.5%), high cost of drugs and services (83.2%) and difficulty with getting transport to the facility (87.6%). The study also shows that, non-availability of clinic equipment (28.0%), love for children (2.0%) and male child syndrome (0.8%) were not factors affecting utilization of maternal and child health services. This study is not consistent with Buddigh and Bota (1999) because the factors considered are different. Such as religion proved to be the strongest explanatory factor for not attending antenatal care facilities, use of maternity shelter and complication during pregnancy were important factor for hospital delivery whereas unemployment and no husband were associated with deliveries outside hospital in Zimbabwe. This is similar to Sule, Ijaja, Onayade, Soetan and Connell (2002) who reported that factors affecting the utilization maternal and child health care services include prompt attention (23.0%) and appropriate outpatient (20.5%) services attracted respondents to use PHC services. Poor education about when to seek care, poverty, perceived high cost of PHC services, lack of drugs and basic laboratory services, and regular physician on site at the facility.

CONCLUSION AND RECOMMENDATIONS

The respondents' utilization of Maternal and Child Health (MCH) services was generally poor, with about three-fifths of the respondents having low utilization of palpation, physical exercises, weight and height check and health educations services. Concerning delivery services, two-fifths delivered without skilled birth attendants. And for post-natal services, only 3 out of 10 had examination of the mother at 6 weeks. The major factors affecting the utilization of MCH services according to the respondents were cost, availability and accessibility of Maternal and Child Health Services. The major strategies suggested by the

respondents that can enhance utilization of MCH services were adequate supply of drugs and other MCH services, making all health centres functional, seeking resources for the expansion of services from Governmental and Non-governmental organizations, promotion of community participation and employing of more health workers.

It was recommended that, health education and campaign on adequate utilization of MCH should be conducted by health educators and other health professionals regularly at the health centres. Government should ensure that all primary health centres should be made functional by making sure that they are well supplied with adequate drugs and equipment. The health workers should enlighten mothers during antenatal on the need for proper utilization of all MCH. Government and non-governmental agencies should ensure that all these factors that are discouraging the use of these services are dealt with to increase utilization.

REFERENCES

- Cohen, L., Manion, L. and Morrison, K. (2011). *Research Methods in Education (7th ed)*. New York: Routledge Taylor & Francis Group.
- Elo, I. T. (1992). Utilization of maternal health care services in Peru. The role of women's education. *Health Transit Review*. 2, 49-69.
- Ejifugha, A. U. (2002). *Development of health education in Nigeria 1882-1992*. Owerri: Carmen publishers Nigeria Ltd
- Federal Ministry of Health (2000). A draft plan for action 2000-2002. Lagos: The author.
- Federal Ministry of Health (2001). Primary health care curriculum for community health officers. Lagos: the Author.
- Federal Ministry of Health (2004). A draft National action for micro nutrient deficiency control in Nigeria . www.federalministryofhealth.org.com.
- Federal Ministry of Health FMOH (2005). Road map for accelerating the attainment of Millennium Development Goals, related to maternal and new born health in Nig. Abuja. FMOH
- Fotso, J., Ezech, A.C and Essendi, H. (2009). Maternal health in resource poor urban settings: How does women's autonomy influences the utilization of obstetric care services. *Reproductive Health* 6: 9.
- Furata, M. and Salway, S. (2006). Womens position within the household as determinant of maternal healthcare use in Nepal. *International family planning perspectives*. 32(1), 17-14.
- Martey, J.O., Djan, J.O., Twum, S., Browns, E.N & Opuku S. A. (1995). Utilization of maternal health service on Ejitsu District Ghana, *West African Journal of medicine* 14(1), 24-28.
- Magadi, M. A., Madise, N. J., Rotrigues, R. N. (2000). Frequency and Timing of antenatal in Kenya: Explaining the variation between women of different communities. *Journal of social sciences*. 51, 551-561 doi: 10:1016.
- Navaneetham, K. & Dharmalingam, A. (2009). Utilization of maternal health care services in Southern India. *Social Science Medicine* 55, 1849-1869.
- National Population Commission NPC (2003). Nigeria and ORC Macro. Nigeria demographic and health survey. Maryland NPC and ORC.
- National population commission (NPC) Nigeria and ICF macro (2009). Nigeria Demographic and Health survey 2008. Abuja Nigeria. Available from <http://pdf.usaid.gov/pdfdpes/pnadce923pdf> accessed era 2014.
- National Demographic Health Survey (2004). Lagos. Federal Ministry of Health/UNICEF.

- National Demographic Health Survey (2004). Lagos. Federal Ministry of Health.
- Ogbazi, J. N. & Okpala, J. (1994). Writing research report, guide for researchers in education. The social science and humanities. Nig. Press time Ltd.
- Rs, R. W. (1983). A protection motivational theory of fears, appeal and attitude change. *Journal of psychology*, 91, 93-114.
- Rosenstock, I. (1974). Historical Origins, the health Belief model. *Health Education Monograph* 2(4).
- Rosenstock, I. M. (1990). Who people use health services. *Milkbank Memorial Fund Quarterly*, 44, 92-124.
- Sarin, A. R. (1997). Underutilization of maternal health services. *World Health Forum*, 18, 67-68.
- Sumithra, E. A. (2006). Maternal and child health utilization in married woman of age 15-45 years. *Journal of Community Disease* 38(1), 102-5.
- Sweson, I. E., Thang, N.M., Nhan, V.Q & Tieu, P. (1990). Factors related to the utilization of prenatal care in Vietnam. *Journal of Tropical Medicine & Hygiene* 96(2): 76-85.
- Sweet, M and Appelbaum, M. I. (2004). Home visiting a useful strategy for helping families across a wide range of outcomes. *Child Development*, 75(5), 145-456.
- Singh, P. K., Singh, T. & Rai, R. K. (2012). Assessing the utilization of maternal and child health care among married adolescent women: Evidence from India. *Journal of Biosocial Science*, 44(1), 102
- Sule, S. O., Ijaja, I. M., Onayade, J. P., Soetan, A. E & Connell, G. K (2002). Utilization of primary health facilities in South Nigeria. *Journal of Paediatrics* 20(4), 231-241.
- UNFPA. (1995). Making pregnancy & child birth safer (fact sheet) UNFPA Initiative for Reproduction Health in Asia in cooperation with German Foundation for world population.
- USAID (2003). *Immunization Essentials*. A practical field guide Washington, D. C. United States Agency for International Development.
- USAID (2009). *Maternal and child health*. Available from <http://www.usaid.gov/ourwork/global/health/mch/mh/te> character post intml Assessed 20 sept 2013.
- UNICEF (2007). *The State of the World's Children 2008*. Child Survival. Available at: <http://www.unicef.org/sowc08/docs/sowc08.pdf>.
- Vanden, H. A., De Mey, W. G., Budhigh, H., and Bota, M. L. (1999). Use of maternal care in a rural area of Zimbabwe: A population based study. *An Obstetric Gynecology Scan* 78 (10), 838-46.
- Vijaya, C. C. (2007). Utilization of maternal and child health care services among Muslims in India. *International Journal of Health Education*, 4(2), 133-142.
- World Health Organization (2005). *WHO vaccine preventable diseases monitoring system Global summary*. Immunization profile-Nigeria. Geneva.
- WHO (2005). *Attending to million births every year: In the world health report 2005 (online) available from* <http://www.who.int/whr/2005/chap4-en.pdf>. Assessed 10sept 2013.
- WHO (2007). *Maternal mortality in 2005, estimate, developed by WHO, UNICEF and World Bank*. Geneva .WHO.

- World Health Organization WHO (2008). World Health Report (2006). Make every Mother and Child count. Geneva: WHO.
- WHO (2011). Maternal Mortality Ratio. Health statistics and health information system (online) available from: http://www.who.int/healthinfo/statistics/indaternal_mortality/en/indai.html. Assessed Aug 15 2013.
- Yuster, E. A. (1995). Rekindling the role of the risk approach and antenatal care in maternal mortality reduction. *International journal of Gynecology and Obstetric* 50, 59-61. (online) available from <http://www.science direct.com/science> Assessed 14/Aug 2013