



Utilisation of Ma..... (Saleh, R. & Gwarzo, A A 2024) DOI:<https://10.59479/jiaheri.v1i1.66>

Utilisation of Maternal and Child Health Services in Primary and Secondary Health Facilities, Bauchi Lga, Bauchi State

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Abstract

This study was conducted to investigate the utilization of maternal and child health services in primary and secondary health facilities in Bauchi LGA, the design adopted for this study was a Sequential explanatory mixed method design. The study population is made up of all the MCH users from 2018 to 2021 and the current patients receiving the same services across the selected primary and secondary health facilities. The total enumerative sampling technique was used for the retrospective component of the study and stratified sampling was used to select the current service users who participated while the sequential sampling technique was used for the focus group discussions. Statistical Package for Social Sciences version 20 was used to process and generate results of the quantitative data while Nvivo was used for the qualitative data. The findings indicated that the majority of the respondents were between the age of 26–35years, 50.1% utilized the MCH services at the secondary while 49.9% at PHC facilities. Parents-in-law/cultural restrictions and lack of insurance coverage were among the barriers while cheaper services and positive results are among the drivers of utilization. There is a need to address factors that militate against the utilization of MCH.

Keywords: Utilization, Primary, Secondary, Maternal & Child Health Services.

Introduction

Well-being is fundamental to the overall health of mothers and children. Office of Disease Prevention and Health Promotion (ODPHP, n.d.) opined that well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The world has made enormous progress in improving child survival since 1990, reducing the under-five mortality rate by nearly half from 90 to 46 deaths per 1,000 live births in 2013. Currently, the global under-five mortality rate is falling faster than at any other time over the past two decades. Yet, progress is insufficient to meet the Millennium Development Goal 4 (MDG 4) which calls for reducing the under-five mortality rate by two-thirds between 1990 and 2015 (Wardlaw, et al., 2014). Much progress has been made during the past two decades in coverage of births in health facilities; however, reductions in maternal and neonatal mortality remain slow in Bauchi State, especially in the rural areas which is why attention has been shifted to the quality and utilization of maternal and child health care services, as poor quality or lack of utilization contributes to morbidity and mortality. Nuamah et al, (2019) opined that improved maternal health is an important prerequisite for women's advancement, yet due to low



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access and utilization of maternal healthcare, women, especially those in rural communities remain vulnerable and underserved. (Nship 2017).

Every year more than 200 million women become pregnant, 15% of which are at risk of complications that have the potential to cause disease and death as such, alternative delivery approaches need to be identified as maternal and child mortality rates are unacceptably high in most developing countries, particularly in Sub Saharan Africa. (WHO,2018). In Nigeria, only 38.1% of women receive skilled attendance at delivery, and immunization coverage ranges between 43% and 16% in urban and rural areas while 25% of children are fully immunized at the age of 23 months in a country where the service has been almost completely free since its inception (Agunwa et al, 2017).

Agunwa, (2017) reported that continued ignorance about the factors that determine the healthcare choices women make for themselves and their children will lead to a continuation of the waste of already limited resources and already embarrassing mortality figures unless the factors responsible for observed service utilization patterns in rural areas of developing countries are identified, it will be difficult to properly intervene to correct the discrepancy in health service supply and demand which occurs in Nigeria and other developing countries.

Statement of the Problem

There are agitations about the poor quality and utilization of the available maternal and child health care in Nigeria and Bauchi State is not an exception. Even with the interventions on improving the quality, access, and utilization of maternal health, Studies have shown that every day in 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth. Similarly, up to 287,000 women die each year during pregnancy and childbirth globally (Srivastava et al., 2015). Nigeria shares a disproportionately high burden of global maternal and neonatal mortalities, ranking as the first and the second country in the world for the highest number of deaths among mothers and neonates, respectively. These poor indices may be linked to the low utilization of maternal healthcare services in the country (Adewuyi et al., 2018) linked to several factors such as lack of access to skilled maternity care for either normal or complicated childbirth, poor quality of services and misconceptions that dissuade potential users from seeking care like lack of perceived benefit or misperception of regarding the safety of services (Gage et al., 2018). Though, there are many studies in Nigeria centred on the Utilization of maternal healthcare services barely any attempt to compare the utilization of such services in primary, and secondary facilities where most of the services are provided. Furthermore, there is a dearth of studies looking at the utilization of maternal and child health services across facilities in Bauchi state in general and Bauchi LGA in particular which informed the need for this study to investigate the utilization of maternal and child health services in primary and secondary health care centres in Bauchi LGA, Bauchi State to fill such knowledge and practice gaps.

Purpose of the Study

The purpose of the study is to examine the Quality and Utilization of Maternal and Child Healthcare Services in Primary and Secondary Healthcare facilities of Bauchi LGA, Bauchi State

Research Objectives

1. To Assess the level of utilization of the maternal and health services provided in primary and secondary health facilities in Bauchi LGA, Bauchi State.



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2. To assess the factors influencing the utilization of maternal and child health services in primary and secondary health facilities in Bauchi LGA, Bauchi State.

Research Questions:

1. What is the level of utilization of the maternal and health services provided in primary and secondary health facilities in Bauchi LGA, Bauchi State?
2. What are the factors influencing the utilization of maternal and child health services in primary and secondary health facilities in Bauchi LGA, Bauchi State?

Materials and Methods

Research Design

Sequential explanatory mixed method design was used where descriptive cross-sectional design exploratory mixed method design was used to investigate the utilization of maternal and child health services in Bauchi LGA of Bauchi State.

Target Population

The population of the study is made up of all the current patients receiving maternal and child health services and all the previous service users between January 2018 and December 2021 across 6 primary health centres and 3 secondary health facilities; Specialist Hospital Bauchi, General Hospital Bayara and Women, Children Hospital Railway in Bauchi LGA, Bauchi State.

Sample size and Sampling techniques

Nwana's (2006) postulation for sample size estimation was used to determine the sample size among the current patients receiving maternal and child health services across the 6 primary health care centres and the 3 secondary health facilities in Bauchi LGA for the study where 320 was established as the appropriate sample size (5% of 5670). All the patients who utilized the maternal and child health services across the facilities from January 2018 to December 2021 were also used for the retrospective component of the study.

Stratified sampling and total enumerative sampling techniques were used for the study. Stratified sampling was employed to select the 265 respondents who participated in the study across the 9 health facilities (6 primary and 3 secondary health facilities). A sequential sampling technique was used to select participants who took part in six (6) focus groups each carrying 7 participants for the qualitative exploratory study.

Instruments and methods of data collection

Three instruments were used for data collection; a structured pretested questionnaire, a structured checklist and a focus group discussion (FGD) guide. The structured questionnaire was administered to 320 patients currently receiving maternal and child health services at the selected facilities on clinic days by the researcher. The structured checklist was used to summarize the data retrieved from the medical and health record of the patients who received MCH services at the selected facilities from January 2018 to December 2021. The focus group discussion (FGD) guide was used to guide FGD sessions with patients currently receiving maternal and child health services in the facilities where the sessions were conducted across the facilities until data saturation was attained. FGD sessions were tape-recorded

Method of Data Analysis



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Statistical Package for Social Sciences version 20 was used to process and generate results of the quantitative data obtained in the research work using a descriptive statistical tool. 265 (83%) of the questionnaires distributed successfully filled and retrieved were analyzed in the study. FGD data were transcribed and analyzed using Nvivo software for qualitative analysis.

Ethical Considerations

Ethical clearance was obtained from the Research and Ethics Committee of the Bauchi State Ministry of Health. Permission to conduct the study was obtained from the management of the facilities used in the study. Informed consent was obtained from the patients who filled out the study questionnaire and the FGD participants. Data collected were treated as confidential and anonymity was maintained.

Result

Sociodemographic Data

The socio-demographic data indicated that the majority of the respondents (51%) are within the age range 26-35, while the lowest age group (18%) are between the ages 36-45years, 82% are Muslims and 18% are Christians. The table also indicated that 95%) were married and only 5%

S. No	Services	2018		2019		2020		2021		Total	
		Primary	Secondary	Primary	Secondary	Primary	Secondary	Primary	Secondary	Primary	Secondary
1	Child Immunization	14376	13809	14967	8583	9385	7776	16754	9072	55482	39240
2	Mother Immunization	4472	3423	5073	6588	2711	4806	4671	4806	16927	18774
7	Family planning counselling	6876	7203	6734	4560	6432	7086	7461	7701	27503	26550
8	Family planning	6593	7062	6085	4483	6259	6859	7053	7537	25990	25941
9	Ante Natal Care	12164	12183	12543	15878	9345	13947	14016	10912	48068	52920
10	Postnatal Care	364	4521	576	3900	186	4488	4084	4509	5210	17418
11	Delivery	6984	5643	6398	4987	4275	4498	7865	4827	25522	19954
12	Child Nutrition	7094	3603	7548	8121	392	4530	275	4146	15309	20400
13	Newborn screening	▪	▪	▪	▪	▪	▪	▪	▪	▪	▪
	Total	58923	57447	59924	57100	38985	53140	62179	53510	22001	221197



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are widows. Moreover, 53% attended secondary education and only 17% had post-secondary education. 73% are self-employed and only 14% are employed and 13% are unemployed.

Utilization of Maternal and Child Health Services

Table 1: Distribution of service users across facilities

Table 1 shows that the most utilized Maternal and Child Health Services available in the PHC facilities every year from 2018 to 2021 are immunizations and ANC which are more than 14000 and 12000 respectively with exception of 2020 in which the figures are lower, about half of the women that came for ANC do not deliver in the hospital, some services not utilized completely are preconception care, pre-marital genetic counselling, child nutrition, etc. The table also revealed similar usage of the maternal and child health services at the secondary facilities except that immunization is more at the primary and postnatal care at the secondary level. The focus group discussion also revealed that the majority of the client came to the facility for ANC and are satisfied with the services but most of them are not satisfied with deliveries services due to a lack of financial support

“There is adequate care in terms of ANC, Family planning, immunization and deliveries. The health care providers used to give us adequate advice on child spacing techniques and drugs to be used appropriately and the advice helped greatly in making our children strong before conceiving again”

(FGD 6, 26 – 36 years, para 3-5)

Factors influencing the utilization of maternal and child health services

Table 2: Barriers to utilization of Maternal and Child Health care services

S/N	Statement	Strongly agree	Agree	Disagree	strongly disagree	Total	Mean	SD	Remark
1	My husband/partner does not always consent	17	29	83	136	265	1.7	1.4	Rejected
2	My parents/parents' in-law do not like orthodox medicine	9	14	78	164	265	1.5	1.2	Rejected
3	My parents/parents-in-law do not support immunization	15	105	61	84	265	2.2	1.9	Rejected
4	My parents/parents-in-law do not support family planning	103	59	57	46	265	2.8	2.5	Accepted
5	My husband/partner doesn't support immunization	34	57	97	77	265	2.2	1.9	Rejected
6	My husband doesn't support family planning	35	64	47	119	265	2.0	1.8	Rejected
7	I don't always have the money to afford the services I require	105	75	58	27	265	3.0	2.6	Accepted
8	Friends discourage me at times	27	30	99	109	265	1.9	1.6	Rejected
9	I don't like injections and skin piercing	125	73	57	10	265	3.2	2.8	Accepted
10	Not all MCH services are accepted in my culture	182	23	47	13	265	3.4	3.0	Accepted



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11	The long waiting time in the hospital is discouraging us to come	121	83	46	15	265	3.1	2.8	Accepted
12	The poor attitude of the nurses/midwives is discouraging us sometimes	138	85	36	6	265	3.3	2.9	Accepted
13	Transportation to the hospital is not always available	9	16	50	190	265	1.4	1.1	Rejected
14	I live far away from the hospital, so it is difficult to come always	18	16	64	167	265	1.6	1.3	Rejected
15	No one to look after my other children/family if I come, so that has been affecting my coming to the hospital	67	74	42	82	265	2.5	2.2	Accepted
16	No one to look after my business/trade family if I come, so that has been affecting my coming to the hospital	25	32	72	136	265	1.78	1.6	Rejected
17	It's difficult getting permission from employers to come for routine MCH services regularly	42	40	46	137	265	1.9	1.8	Rejected
18	I don't have insurance that covers my costs	203	27	28	7	265	3.6	3.2	Accepted
	Aggregate mean							2.4	

Key SD: Standard deviation

As indicated in table 2: the majority of the respondents accepted that lack of support from in-laws, money and insurance to cover the cost as barriers to utilization of maternal and child health care services with a mean score of greater than 2.5 which is an in agreement with the findings in the focus group discussion where some respondents affirmed that there is lack of money for transportation.

“Lack of money for transportation to reach the hospital is one of the factors that stopped us from patronizing the services”

(FGD 3, 26 – 36 years, para 3-5)

Furthermore, the respondents also generally agreed that transportation to the hospital is not always available at the time of need.

Discussion

The findings of this study showed that the commonest maternal and child health services sought are ANC and Child immunization, while the least are delivery, postnatal care and mother immunization. This finding agrees with that of a study by Mandy in Kenya, where most facilities offered ANC but only 37% of them provided effective delivery care. This also shows some



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similarity to what was obtainable at Anambra Southeast Nigeria in 2008 NDHS, which revealed that 97.7 % of women received antenatal care services, but only 26.1% of deliveries occurred in health facilities (Uzochukwu et al., 2019). A study conducted in Zambia found that 32% of women were not able to deliver at health facilities due to the shortage of health staff (Sayyadi et al., 2021). When asked about the maternal health care services provided in the health facilities, the respondents at the FGD and KII sessions mentioned ANC, child welfare, delivery services, family planning services, and postpartum care. These findings give the impression that a large proportion of the clients come for ANC but had their deliveries at home

Insufficient infrastructural and supplies such as a comfortable bed for delivery and ANC will provide privacy because sometimes the bed is used for the conduct of delivery, they use it for treating other ailments and this can lead to cross-infection. This conforms to the findings of another study, 86% of people were satisfied with the availability of equipment (Jibril et al., 2017). Some attributed the factors to hospital policies such as cheaper services, community mobilization through outreaches and home visits, creating awareness through health education on dangers associated with home delivery, and good attitude of the health care providers while few attributed it to the proximity of the facility to the clients. And few attributed it to the availability of qualified healthcare providers.

Conclusion

Maternal and child healthcare services are very imperative in our society. The available services most utilized are ANC, child immunization, and family planning, while the least utilized are delivery, postnatal care and child nutrition. No facility has the minimum requirement of material and human resources available under study. The socioeconomic factor was the major determinant for the utilization of maternal and child healthcare services.

Recommendation

Based on the findings of the study the following recommendations were made

1. The government should employ and deploy more Doctors, Midwives to Healthcare facilities according to workload indicators for staffing needs.
2. The government should provide a policy that will minimize the cost of maternal and child health care services.
3. Government should provide adequate material resources for the provision of MCH in the various facilities.

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