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Perceived Factors Affecting Utilization of Antenatal Care Services among Childbearing Mothers in Owerri Municipal Council, Imo State, Nigeria

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Abstract

Poor utilization of antenatal care services is a major public health concern especially in the developing countries. It is largely responsible for high rate of maternal mortality among reproductive age women worldwide. This study investigated perceived factors affecting utilization of antenatal care services among childbearing mothers in Owerri Municipal Imo State, Nigeria. A cross-sectional research survey design was adopted for the study. The population of the study consisted of 42, 141 childbearing mothers. The sample for the study comprised 420 childbearing mothers drawn using simple random sampling technique of balloting without replacement and convenience sampling technique. The instrument used for data collection was a self-designed Perceived Factors Affecting Utilization of Antenatal Care Services Questionnaire (PFAUACNSQ). Frequency and percentages were used to answer the research questions while the null hypotheses were tested using chi-square statistics at .05 level of significance. The results indicated that overall more than half (56.0%) of childbearing mothers agreed on the enlisted perceived factors affecting utilization of antenatal care services. Age ($p = .000 < .05$) and level of education ($p = .007 < .5$) were significantly associated with perceived factors affecting utilization of antenatal care services. Many mothers in the Council may be willing to learn thus health educators should adopt strategies to intensify awareness in order to reduce complications during pregnancy and childbirth.

Keywords: Antenatal care services, Utilization, Childbearing mothers, Perceived factor

Introduction

Poor utilization of antenatal care services is largely responsible for the high rate of death among reproductive age women world over. Low antenatal care services utilization is a major global public health concern of women particularly in the developing countries with Africa inclusive. Every year all over the world, thousands of mothers and their newborn face the danger of dying from complications resulting from pregnancy and childbirth (World Health Organization, [WHO], 2009). Othman et al. (2017) reported that globally eight million out of the estimated 210 million women who become pregnancy every year, experience life-threatening complications. Every year, more than half a million women die globally during pregnancy for which sub-Saharan Africa and Asia account for about 95 per cent (Wolderfael, 2018). The author explained further that Africa has the highest burden of maternal mortality in the world with sub-Saharan Africa contributing to about 98 per cent of these deaths in the regions. The risk of dying from pregnancy and childbirth-related problems among women in the developing countries is one in every 48 deliveries and 200 times higher than their counterparts in the developed countries (Maharloue et al., 2012). The situation is worst in

Nigeria, where an estimated 59,000 mothers die annually due to pregnancy, delivery, and post-delivery (Onasoya, et al., 2012). Despite the available antenatal health care services in Nigeria, a Nigerian woman is 500 times more likely to die in childbirth than her European counterparts. Regular antenatal visit and quality care during pregnancy can play significant role in preventing and reducing complications and deaths that occur from pregnancy and childbirth related causes such as poor utilization of antenatal care services.

Antenatal care (ANC) refers to health care given to mothers to ensure a safe pregnancy and health delivery. The ANC is a type of service upkeep provided by skilled health professionals to mothers to ensure the best health condition of both the mother and the newborn (WHO, 2016). Further, ANC encourages mothers to go for delivery under skilled birth attendants. The essence is to ensure that the health of both the mother and the newborn child is safe by monitoring the progress of the pregnancy (Nxiweni et al. 2022). Antenatal care is an important factor in reducing and lowering maternal mortality in pregnant women and in achieving a positive pregnancy experience. The WHO recommended for at least eight antenatal visits for every pregnant woman starting from the 12th weeks of gestational age, with subsequent visiting at 20, 26, 30, 34, 36, 38 and 40 weeks of gestational age (WHO, 2018). Additional, recommendations of the WHO include counseling, maternal nutrition, prevention and treatment of those facing risk factors and common illnesses, support for women at risk of intimate partner violence and preventive measures for certain pandemic diseases such as malaria and HIV/AIDs (Ntaguba, 2018). Access to antenatal care gives women the opportunity to benefit from care services such as health promotion, screening, diagnosis and disease prevention required to maintain normalcy and for timely identification of abnormalities that can pose a risk to the unborn baby and herself. Antenatal care provided by a professional trained health personnel reduces pregnancy-related complications, still birth, intra-uterine growth retardation, low birth weight, foetal abnormalities among others (Nizum, 2023). The WHO (2016) pointed out that antenatal care services involves identification of risk factors, prevention and management of pregnancy-related complications, health education and health promotion including essential interventions such as early identification and management of obstetric complications, sexually transmitted infections, tetanus toxoid immunization and intermittent preventive treatment of malaria during pregnancy. These services are based on monitoring the mother's blood pressure and weight, foetal heart beat, providing information and education on the signs, timely referral to appropriate health facilities, birth preparedness, readiness, early detection and management of complications and provision of tetanus toxoid immunization, iron and deworming tablets to all pregnant women and malaria prophylaxis as needed (Surendra et al., 2019). Proper utilization of antenatal care services will help in early identification of pregnancy complications which invariably will aid in proper management.

Utilization of antenatal care services can play significant role in preventing and reducing complications that may arise due to pregnancy and childbirth. Utilization of ANC services promote institutional delivery and decreases maternal morbidity and mortality both directly and indirectly (Yiftu, 2014). Adequate utilization of antenatal care services is associated with improved maternal and neonatal outcomes and provides a mother the opportunity to familiarize and interact with the health system and health facility thereby increasing her chances of choosing to deliver in a health institution (Surendra et al., 2019). In their study, Onasoya et al., (2012) reported that only 60 per cent of women received antenatal care in Nigeria and not all of them attended antenatal clinic which may be due to some factors.

Many factors have been adduced to have significant effect on the utilization of antenatal care services. Ewa et al., (2012) identified the factors to include long distance to health facility onset of labour at night, unavailability of means of transportation,

unsatisfactory service at health facility, unfriendly attitude of staff of health facility, lack of urgency at health facility. Ahmed et al. (2022) classified the factors as socio-demographic characteristics of the woman (Such as ages, marital status, education, occupation, income status, gravid etc), awareness about antenatal care (knowledge about ANC and source of knowledge, practice-related factors (ANC visiting, number of ANC visiting, maternal complication etc) and access- related factors (availability of public transportation, distance to the nearest ANC and cost of public transportation). However, mother's socio-demographic variables can affect her utilization of ANC services.

Socio-demographic variables of interest are age and level of education. Age of a mother has been identified as a major factor that influences utilization of antenatal care services. Aghamohammed and Nooritager (2011) explained that a woman's age at pregnancy is known as the most important factor that has undeniable effect on pregnancy process. This is because; age of a woman determines the readiness of her body physiology. Nxiweni et al. (2022) reported that age of woman has significant relationship with adequate antenatal care utilization. The higher odds of seeking prenatal care were found in women 35 years and above. In their study Nizum et al., (2023), reported that the use of antenatal care services more frequently is more common among older women. Schoen and Rosen (2009) opined that pregnancy that occurs towards the end of a woman's reproductive life and during adolescence are often associated with pregnancy-related problems hence the need for the utilization of antenatal care services. Ahmed et al (2022) reported that women in younger age group (15 -30years) utilized antenatal care services more than those in older age group 31 years and above. This is probably because women of younger age are more educated and therefore understands the benefits of antenatal care services both to the unborn child and the mother. From the foregoing, it is evident that age is important factor that has significant impact on utilization of antenatal care services. This prompted the researcher to find out if the same is true in Owerri Municipal Council.

Education level is another socio-demographic factor likely to affect utilization of ANC. Educational level of a woman has consistently been discovered as a major factor that affects utilization of antenatal care services. Surendra et al. (2019); Nxiweni et al. (2022); and Ahmed et al. (2022) reported that maternal education relates positively with the utilization of antenatal health care services. Female education is the key empowerment of women in increasing awareness, acceptance and seeking for the utilization of antenatal care services (Ahmed et al., 2022). The level of utilization of antenatal care increases, as the level of awareness about antenatal care services increase. Women with higher levels of education have a greater likelihood of making appropriate use of antenatal care than women with lower levels of education (Nxiweni et al., 2022). Education fosters better enlightenment on health issues. Educated mothers are more likely to have adequate knowledge about pregnancy and are keen to receive more health care facilities. Nizum et al., (2023) submitted that women who utilize greater education will know more and be aware of ANC services. Education increases pregnancy control and enhances health seeking behaviour and awareness about the danger signs of pregnancy. Furthermore, Aziz et al. (2018) reported that mothers with lower education are less interested in ANC services and face more difficulties receiving antenatal care services than mothers with higher education. While there have been global studies that documented utilization of antenatal care services, little is known about this problem in Nigeria because of lack of proper documentation of information in our health care system. The need to address factors affecting utilization of antenatal care services cannot be over emphasized because proper knowledge of these factors by mothers will go a long way to reduce high rate of maternal and newborn mortality resulting from pregnancy childbirth-related problems. Hence, the need for this study which investigated the perceived factors affecting utilization of antenatal care services in Owerri Municipal Council, Imo State,

Nigeria. Such factors as limited knowledge of ANC services, high cost of ANC services, long waiting hours, poor attitude of health workers among others. The purpose of the study was to investigate perceived factors affecting utilization of antenatal care services in Owerri Municipal Council, Imo State, Nigeria. Specifically, the study determined: perceived factors affecting utilization of ANC services among CBMs; perceived factors affecting utilization of ANC services among CBMs based on age and level of education. It was hypothesized that there was no significant association between perceived factors affecting utilization of ANC services among CBMs in Owerri Municipal Council, Imo State based on age and level of education. The study findings would help government, health educators, health care providers, researchers and general public in designing a sensitization awareness programme as an avenue for mothers to acquire knowledge.

Methods

Design and study setting

The study adopted cross-sectional survey research design. The study was carried out in Owerri Municipal Council which is one of the Local Government Areas in Owerri Senatorial zone of Imo State. The LGA is one of the most populated LGAs amongst the 27 LGAs in the State. The population of childbearing mothers is estimated at 42, 141 (Owerri Municipal Council 22 Percent Upgrade Record. Mothers in Owerri Municipal Council do not utilize antenatal care services adequately as a result of many. Also, the researchers observed that many mothers in the Council die from pregnancy and childbirth-related causes.

Population of the study

The population of the study comprised all the childbearing mothers (CBMs) in the study area. The estimated population of women 15 -49 years in the Council as at 2022 was 42,141.

Sample for the Study

The sample size was 420 CBMs chosen using Cohen et al. (2011) standardized table for sample size, confidence levels and confidence intervals, which states that when a population is 40,000 or above at 95 per cent confidence level (5% intervals), the sample size should be 381 or above. Simple random sampling technique of balloting without replacement was used to draw three autonomous communities out of the five existing ones. Further, convenience sampling technique was adopted to select 140 CBMs who were willing and gave consent to participate in the study from the three selected autonomous communities. This gave a total of 420 CBMs.

Instrument for Data Collection

A self-designed Perceived Factors Affecting Utilization of Antenatal Care Services Questionnaire (PFAUACNSQ) was used for data collection. It consisted of 12 items divided into two sections: A and B. Section A consisted of two socio-demographic variables of age and level of education. Section B consisted of 10 items on perceived factors affecting utilization of antenatal care services using 4-point likert-type response options of strongly agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). The questionnaire was validated by three experts in the Department of Health Education, Alvan Ikoku Federal University of Education, Owerri, Imo State and was tested for internal consistency. A reliability index of .70 was obtained using split half method (Spearman Brown coefficient correlation) and adjudged high and reliable for the study.

Method of Data Collection

A total of 420 copies of the questionnaire were administered to the CBMs. Out of the 420 copies administered, 393 copies were returned which gave a return rate of 93.6 per cent. The returned 393 copies were duly filled and used for analysis.

Method of Data Analysis

Frequency and percentages were used for analysis of the research questions. They were answered using a 4-point likert-type scale of strongly agree (SA), Agree (A), Disagreed (D) and Strongly Disagree (SD) which were later dichotomized to Agree and Disagree responses. Null hypotheses were tested using chi-square (χ^2) statistics at .05 level of significance.

Results

Table 1: Socio-demographic Characteristics of Mothers

Socio-demographic Characteristics of Mothers	Frequency	Percentage (%)
Age		
15 – 24 years	26	6.6
25 -34years	103	26.2
35 -44years	186	47.3
45years and above	78	19.8
Educational Level		
Primary	130	33.1
Secondary	106	27.0
Tertiary	157	39.9
Total	393	100.0

The demographic profile of the 393 respondents shows that 6.6% were aged 15 - 24years, 26.2% were within the age bracket 25 -34years, 47.3% were aged 35 -44years while 19.8% were within 45years and above. Suggesting a predominately middle aged sample. Educationally, 33.1% had primary, 27.0% possessed secondary education while 39.9% had tertiary education, indicating a fairly educated group. The distribution provides a balanced view across age and education levels, potentially informing their use of the services.

Table 2: Responses on Frequency of Perceived Factors Affecting Utilization of Antenatal Care Services among CBMs (n = 393)

S/N	Perceived Factors Affecting Utilization of Antenatal Care Services	Agreed f(%)	Disagreed f(%)
1.	Limited knowledge about antenatal care services	314(79.9)	78(20.1)
2.	High cost of antenatal care services	236(60.1)	157(39.9)
3.	Lack of autonomy and decision making	208(52.9)	185(47.1)
4.	Financial dependence on family or partner/ poverty	182(46.3)	211(53.7)
5.	Long waiting hours	237(60.3)	156(39.7)
6.	Poor attitude of health workers	211(53.7)	182(46.3)
7.	Long distance to health care facility	158(40.2)	235(59.8)
8.	Lack of privacy	157(39.9)	236(60.1)
9.	Limited access to health care services	262(66.7)	131(33.3)
10.	Lack of basic instruments for antenatal care/ lack of good quality of antenatal care services	235(59.8)	158(40.2)
	Cluster %	220(56.0)	173(44.0)

Key: $\leq 49\%$ = Disagree, $\geq 50\%$ = Agree

Table 2 shows that overall, more than half (56.0%) of childbearing mothers in Owerri Municipal Council agree on the perceived factors affecting utilization of antenatal care

service which include limited knowledge about antenatal care, high cost of antenatal care services, lack of autonomy and decision making, financial dependence on family or partner/ poverty, long waiting hours, poor attitude of health workers, long distance to health care facility, lack of privacy, limited access to healthcare services and lack of basic instruments for antenatal care/ lack of good quality of antenatal care service while (44.0%) disagreed on the same issue.

Table 3: Responses on Perceived Factors Affecting Utilization of Antenatal Care Services among Childbearing Mothers Based on Age (n = 393)

S/n	Perceived Factors Affecting Utilization of Antenatal Care Services	15 – 24years (n=26) Agree F(%)	25-34years (n=103) Agree F(%)	35-44years (n = 186) Agree F(%)	45years & above (n=78) Agree F(%)
1.	Limited knowledge about antenatal care services	26(6.6)	103(26.2)	133(33.8)	52(13.2)
2.	High cost of antenatal care services	0(0.0)	77(19.6)	107(27.2)	52(13.2)
3.	Lack of autonomy decision making	26(6.6)	51(13.0)	105(26.7)	26(6.6)
4.	Financial dependence on family or partner/ poverty	26(6.6)	51(13.0)	79(20.1)	26(6.6)
5.	Long waiting hours	0(0.0)	52(13.2)	133(33.8)	52(13.2)
6.	Poor attitude of health workers	26(6.6)	26(6.6)	107(27.2)	52(13.2)
7.	Long distance to health care facility	26(6.6)	0(0.0)	106(27.0)	52(13.2)
8.	Lack of privacy	26(6.6)	0(0.0)	79(20.1)	52(13.2)
9.	Limited access to health care services	26(6.6)	77(19.6)	133(33.8)	26(6.6)
10	Lack of basic instruments for antenatal care/ lack of good quality of antenatal care services	26(6.6)	103(26.2)	80(20.4)	26(6.6)
	Cluster %	208(80.8)	540(52.4)	106(57.0)	416(53.8)

Key: $\leq 49\%$ = Disagree, $\geq 50\%$ = Agree

Table 3 shows that overall, childbearing mothers in Owerri Municipal Council agreed on the perceived factors affecting utilization of antenatal care services irrespective of their age; mothers aged 15-24 years (80.8%), those aged 25-34 years (52.4%), mothers aged 35-44years (57.0%), and those aged 45years and above (53.8%) agreed on factors affecting utilization of antenatal care services. The table further showed that mothers aged 15 -24years agreed on the perceived factors affecting utilization of antenatal care service more than their counterparts in other age groups possibly because they are more prone to computer usage and internet browsing, thereby having access to information on health care more than others.

Table 4: Responses on Perceived Factors Affecting Utilization of Antenatal Care Services among Childbearing Mothers Based on Level of Education (n = 393)

S/n	Perceived Factors Affecting Utilization of Antenatal Care Services	Primary (n=130) Agree F(%)	Secondary (n=106) Agree F(%)	Tertiary (n = 157) Agree F(%)
1.	Limited knowledge about antenatal care services	103(26.2)	80(20.4)	131(33.3)
2.	High cost of antenatal care services	77(19.6)	54(13.7)	105(26.7)
3.	Lack of autonomy decision making	103(26.2)	26(6.6)	79(20.1)
4.	Financial dependence on family or partner/ poverty	77(19.6)	26(6.6)	79(20.1)
5.	Long waiting hours	105(26.7)	53(13.5)	79(20.1)
6.	Poor attitude of health workers	79(20.1)	79(20.1)	53(13.5)
7.	Long distance to health care facility	79(20.1)	26(6.6)	53(13.5)
8.	Lack of privacy	52(13.2)	79(20.1)	26(6.6)
9.	Limited access to health care services	77(19.6)	80(20.4)	105(26.6)
10.	Lack of basic instruments for antenatal care/ lack of good quality of antenatal care services	77(19.6)	80(20.4)	78(19.8)
	Cluster %	829(63.8)	583(54.7)	788(50.3)

Table 4 shows that overall childbearing mothers in Owerri Municipal Council agreed on perceived factors affecting utilization of antenatal care services irrespective of their level of education: mothers with primary education (63.8%), those with secondary education (54.7%) and mothers with tertiary education (50.3%) agreed on perceived factors affecting utilization of antenatal care services. The table further showed that mothers with primary education agreed on perceived factors affecting utilization of antenatal care services more than their counterparts with other levels of education possibly because being aware of their they know they were prone to complications associated with pregnancy and childbirth as a result of their lack of knowledge, they decided to seek and utilize every available information they received to help better their health.

Table 5: Chi-square Analysis of the Factors Affecting Utilization of Antenatal Care Services among Childbearing Mothers Based on Level of Education (n = 393)

Age	N	Agree F(%)	Disagree F (%)	χ^2	Df	Sig.	Dec.
15 – 24years	26	21(80.8)	5(19.2)				
25 – 34years	103	54(52.4)	49(47.6)	135.906	3	.000	Sign
35 – 44years	186	106(57.0)	80(43.0)				
45years & above	78	42(53.8)	36(46.2)				
Cluster %	393	223(56.7)	170(43.3)				

Data in Table 5 shows that the hypothesis of no significant association between the perceived factors affecting utilization of antenatal care services among childbearing mothers in Owerri Municipal Council based on age ($\chi^2 = 135.906$, $df = 3$, $p - \text{value} = .000 < .05$) was rejected, and therefore significant. This implies that there a was significant association between the perceived factors affecting utilization of the antenatal care service among childbearing mothers in Owerri Municipal Council based on age.

Table 6: Chi-square Analysis of Factors Affecting Utilization of Antenatal Care Services among Childbearing Mothers based on Level of Education (n = 393)

Variables	N	Agree F(%)	Disagree F (%)	χ^2	Df	Sig.	Dec.
Primary education	130	83(63.8)	47(36.2)	9.939	2	.007	Sign
Secondary education	106	58(54.7)	48(45.3)				
Tertiary Education	157	79(50.3)	74(49.7)				
Cluster %	393	220(55.9)	174(44.1)				

Data in Table 6 shows that the hypothesis of no significant association between the perceived factors affecting utilization of antenatal care services among mothers in Owerri Municipal Council based on level of education ($\chi^2 = 9.939$, $df = 2$, $p - \text{value} = .007 < .05$) was rejected, therefore significant. This implies that there was a significant association between the perceived factors affecting utilization of antenatal care services among childbearing mothers in Owerri Municipal Council Area based on level of education.

Discussion

The findings in Table 2 showed that overall, more than half of mothers in Owerri Municipal Council agreed on the perceived factors affecting antenatal care services including: limited knowledge about antenatal care, high cost of antenatal care services, lack of autonomy and decision making, financial dependence or family or partner/ poverty, long waiting hours, poor attitude of health workers, long distance to health facility, lack of privacy, limited access to health care services and lack of basic instruments for antenatal care/ lack of good quality of antenatal care service while nearly half disagreed. The finding was expected and therefore not surprising because studies have consistently shown that the aforementioned are factors affecting utilization of antenatal care services. The findings are in line with the findings of Onasoga et al. (2012) who reported that affordability of antenatal services, schedule of antenatal care, lack of knowledge about the existing services in antenatal care and husband's acceptance of the service rendered were factors influencing utilization of antenatal care services. The findings agree with the findings of Ewa et al. (2012) who reported that husband's decision, privacy and distance to the health facility constituted the prominent factors that influence choice of antenatal care. The findings was consistent with the findings of Othman et al. (2017) who reported that the reasons for not receiving antenatal care services were high cost of antenatal care services, long waiting hours, and poor staff attitude. The finding also agree with the findings of Surendra et al. (2019) who reported that the factors affecting utilization were lack of information about antenatal care services, long distance from health fertility and lack of money. The finding has implications for government and health care workers in coming up with strategies that can lead to more sensitization of mothers during ANC. Government and policy makers can use the finding to formulate policies to ensure every pregnant woman attends ANC at least four times during the course of pregnancy. Health educators can use the findings to organize a health education and sensitization programme for mothers for improved knowledge.

The findings in Table 3 revealed that majority of mothers aged 15 - 24 years and more than half of those aged 25-34 years, 35-44 years and those aged 45 years and above agreed on perceived factors affecting utilization of antenatal care services. Also, Table 5 showed that there was a significant association between the perceived factors affecting utilization of antenatal care services among childbearing mothers in Owerri Municipal Council and age. The findings were expected and therefore not surprising. This is because, being in the

computer age, younger mothers are more prone to the use of internet facilities where information on health matter can easily be accessed than older mothers. The findings were in line with the findings of Ahmed et al. (2022) who reported that women in younger age group, 15 – 30 years were more likely to utilize antenatal care services than older women. The findings contradicts the findings of Nxiweni et al. (2022) who reported that higher odds of seeking prenatal care were found in women 35 years and above. The findings did not agree with the findings of Nizum et al. (2023) who reported that women with more age were more likely to utilize antenatal care services. The difference in the findings may be due to some reasons such as high rate of immorality in our society nowadays which may make our young girls to go into sexual activities early which exposes them to early pregnancy as some carries the pregnancy and after delivery they sell their babies and others carry pregnancy for older mothers who finds it difficult to conceive. Also, women 30 years or above experience high rate of infertility due to delay in marriage. The findings have implication for older mothers in ensuring that they take measures to boost their knowledge on matters related to pregnancy and childbirth. Government and health educators can use the findings to organize an awareness programme targeting the older mothers.

The findings in Table 4 revealed that mothers with primary education agreed on perceived factors affecting utilization of antenatal care services than those with secondary and tertiary education. Also, Table 6 showed that there was a significant association between the perceived factors affecting utilization of antenatal care services among childbearing mothers in Owerri Municipal Council, Imo State and level of education. The findings were expected and therefore not surprising because it is expected that the higher the level of education, the more knowledgeable one becomes about her health matters. The findings contradict the assertion of Onasoya et al. (2012) that educated women are more aware of health problems, knowledgeable about the availability of health care services and utilize the information more effectively than non-educated women. The findings contradict the findings of Prusty et al. (2015) who reported that the capacity to manage one's health as well as make decisions confidently improve with higher levels of schooling. The authors explained that educated mothers are more likely to have adequate knowledge about safe pregnancy and are keen to receive modern health care facilities. The findings are not in line with Aziz, et al. (2018) who reported that mothers with lower education are less interested about antenatal care services than mothers with higher education. Education increases pregnancy control and enhance health seeking behaviour and awareness about the danger signs of pregnancy (Aziz et al., 2018). The findings contradict the findings of Surendra et al. (2009) who reported that mothers with formal education were found to be three times more likely to have four or more antenatal care visits than mothers who did not have formal education. The findings contradict the findings of Nxiweni et al., (2022) who reported that women with higher levels of education have a greater likelihood of making appropriate use of antenatal care than women with lower levels of education. This study observed that mothers with primary education agreed on perceived factors affecting utilization of antenatal care services than those with higher level of education. The reason for this finding may be due to ignorance on the part of mothers with higher level of education as ignorance is one the major problems of a black man and so may have been taken information about their health for granted. The findings have implications for mothers with secondary and tertiary education to ensure they take steps to improve their knowledge on matters that concerns their health.

Conclusion

The findings revealed that more than half of childbearing mothers agreed on the enlisted perceived factors affecting utilization of antenatal care services. Mothers aged 15 – 24years agree on perceived factors affecting utilization of antenatal care service more than those aged

35 – 44years, 45 years and above and 25 – 34 years. Also, mothers with primary education agreed on perceived factors affecting utilization of antenatal care service more than those with secondary and tertiary education. Age and level of education are very important factors considered in dealing with utilization of antenatal care services among childbearing mothers. However, Government and ministry of health should organize sensitization and awareness programmes for mothers on factors that can hinder effective utilization of antenatal care services. Health care workers should come up with better strategy for educating mothers during antenatal visits for better results. Health education should adopt strategies to intensify awareness in order to reduce complications during pregnancy and childbirth.

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