



International Journal of Traditional and Complementary Medicine
(IJTCM)



Factors Affecting the Utilization of Antenatal Care among Pregnant Women in Moba Lga of Ekiti State, Nigeria

Owoseni Joseph Sina*

Department of Sociology, Ekiti State University Ado Ekiti, Nigeria.

ABSTRACT

This study investigated factors that influence Utilization of antenatal cares among pregnant women in Moba Local Government Area of Ekiti state.

Descriptive research design was used for the study. The population for the study consisted of all pregnant women who are receiving antenatal cares in maternity centres and hospitals in Moba Local Government Area of Ekiti State. The Simple random sampling technique was used to select the sample.

This study concluded that knowledge and attitude of pregnant women towards the utilization of an antenatal care services are encouraging and determine to a large extent their interest in using the services. It was recommended that government should endeavour to provide both human and material resources needed for effective utilization of antenatal care services and the services should be made completely free so that women from low socio-economic statuses would be able to assess it.

Keywords:

Utilization, Antenatal Care, Pregnancy, Women, Ekiti

*Correspondence to Author:

Owoseni Joseph Sina
Department of Sociology, Ekiti State University Ado Ekiti, Nigeria.
E-mail: owoshynah@yahoo.com.
Tel: +2348066504953.

How to cite this article:

Owoseni Joseph Sina. Factors Affecting the Utilization of Antenatal Care among Pregnant Women in Moba Lga of Ekiti State, Nigeria. International Journal of Traditional and Complementary Medicine 2016; 1(1): 0020-0030.

Accepted 17 July 2016; published July 18 2016.

eSciencePublisher
eSciPub LLC, Houston, TX USA.
Website: <http://escipub.com/>

Introduction

Greater number of women in developing countries experience life threatening and other serious health problems related to pregnancy or childbirth. Complications of pregnancy and childbirth cause more deaths and disability than any other reproductive health problems in African states, including Nigeria^[1]. Skilled antenatal care and birth attendance has been advocated globally as the most crucial intervention to reduce maternal mortality. Poor usage of skilled attendance and maternal primary health care services results in high levels of maternal mortality in the developing countries^[2].

Women of reproductive age according to World Health Organization are women between 15-49, and these constitute more than one fifth of the world's population and are repeatedly exposed to the risk of pregnancy and child bearing. Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period^[3]. Complications of pregnancy and childbirth are a leading cause of maternal morbidities and mortalities in developing countries. With a maternal mortality ratio of 545 deaths per 100,000 live births^[4]; Nigeria has the second highest maternal mortality rate in the world and accounts for about 10% of all maternal deaths annually, worldwide. Also, for every woman that dies during childbirth, 30 more suffer long term damage to their reproductive organs^[5]. Thus, maternal death and disability represent a huge public health problem in Nigeria. However, studies indicate that the majority of these deaths and disabilities can be prevented through early and timely access to and utilization of quality maternal healthcare services^[6].

Yearly, more than half a million reproductive women die and many millions more suffer disabilities from pregnancy and pregnancy related causes in developing countries. Reproductive age of women according to World Health Organization^[3] is between 15 and 49 years of age, and these constitute more than one fifth of the world's population and are repeatedly exposed to the risk of pregnancy and child bearing. Maternal health refers to the health of the mother during pregnancy, childbirth and the postpartum period. Goal 5 of Millennium Development Goals (MDGs) targets is to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio in all countries. Maternal mortality is the most important indicator of maternal health and well-being in any country. As a result, it has been central to government health sector poli-

cies aimed at improving the overall health of the Nigerian population especially that of the women^[7].

Nigerian Health Review (2006), reports that one of the major causes of maternal deaths is inadequate motherhood services such as antenatal care. Approximately two-thirds of all Nigerian women and three-quarters of rural Nigerian women deliver outside of health facilities and without medically-skilled attendants present. Data from the Nigerian Demographic and Health Surveys 2003 indicate that among pregnant Nigerian women, only about 64% receive antenatal care from a qualified health care provider. There are wide regional variations, with only about 28% of women in the Northwest Zone and 54% in the Northeast Zone receiving antenatal care from trained health providers^[8]. The rest either do not receive antenatal care at all or receive care from untrained traditional birth attendants, herbalists, or religious diviners.

Antenatal care is one of the four pillar initiatives of the Safe Motherhood. It provides reassurance, education support for the women on screening programs and detects the problems that make the pregnancy high risk^[9]. There are many socioeconomic and cultural factors which act as barriers to use of antenatal care. Although it cannot be claimed that antenatal care is the only solution for the high maternal and prenatal death, it can help to reach the Millennium Development Goals for the maternal and child mortality^[10]. World Health Organization recommended four antenatal visits for the low risk pregnancy. There is still debate regarding the optimal number of visits for the antenatal care^[8]. Early commencement of antenatal care by pregnant women as well as regular visits has the potential to affect maternal and foetal outcome positively^[11]. However antenatal care services are available in developing countries but utilization of these existing services is poor.

The recommended gestational age for antenatal booking is within the first 12 weeks of pregnancy. Many developing countries do not have national guidelines on antenatal care but commencement of antenatal care within the first 14 weeks of gestation is widely accepted as early. Commencement of focused antenatal care before 14 weeks of gestation allows for early commencement of health education and counselling on expected physiological changes, the normal course and possible complications of pregnancy and labour^[12].

Globally, scientific evidence has shown that low utilisation of antenatal services is influenced by some

factors such as low maternal education, teenage pregnancies, multi-parity, unplanned pregnancies and cultural factors^[13].

Statement Problem

Women in developing countries have a higher life time risk of dying from pregnancy related causes compared to their counterparts in developed countries^[10]. This could be attributed to differences in access to and utilization of maternal health services as evidenced by historic experiences in Europe and the United States, and more recent empirical research; both of which have shown that access to skilled professionals before and during childbirth and emergency obstetric services dramatically reduces maternal mortality^[14].

However, utilization of antenatal services remain low in sub-Saharan Africa ^[4], including Nigeria^{[6][15]} where only 58% of women have attended at least one antenatal clinic (ANC) during pregnancy, 39% of births are attended by a skilled professional and 35% of deliveries take place in a health facility ^[10]. Many factors have been linked to low antenatal services utilization including socio-economic, cultural, occupational and demographic differences ^[4]. Nigeria is a diverse country with stark socio-cultural differences across the regions of the northern and southern protectorates. This could explain some of the differences recorded in utilization of Maternal Health Care Services across the country. For example, percentage of births attended by a skilled professional ranges from a high of 81.8% in the South East zone to a low of 9.8% in the North West zone^[10].

The trend of maternal mortality in developing countries has been increasing and various international organizations have reported that an important factor related to maternal and infant mortality has been linked to lack of antenatal care ^[16]. According to Federal Ministry of Health (2005), some of the dangers of pregnancy and childbirth can be avoided if the pregnant woman attends antenatal regularly. In order to decrease these mortality rates, regular antenatal care has to be instituted or reinforced which can only be achieved through identifying factors causing poor utilization of antenatal care services.

It is of note that various researches^{[1][6][17]} have been conducted on the factors affecting the utilization of antenatal cares in Nigeria. This study is important due to the fact that none of the researches reviewed in this study centred on Moba Local Government

Area of Ekiti State and this indicated that there is a research vacuum which this study is intending to fill in order to know the factors that influence the utilization of antenatal care services in the area.

Aims

The general objective of this study is to examine the factors that affect the utilization of antenatal care among pregnant women in Moba Local Government Area of Ekiti State.

Specifically, the objectives of this study include to:

1. investigate the knowledge and attitude of pregnant women towards antenatal services in Moba Local Government Area of Ekiti State.
2. examine the effect of socio demographic factors on the antenatal services of pregnant women in Moba Local Government Area of Ekiti State.
3. Investigate the women's satisfaction with the utilization of antenatal services in Moba Local Government Area of Ekiti State.

Hypotheses

The following research hypotheses were tested at 0.05 level of significant:

H_{01} : There is no significant association between knowledge and attitude of pregnant women towards the utilization of antenatal cares in Moba Local Government Area of Ekiti State.

H_{02} : There is no significant association between the pregnant women's socio demographic factors and their level of satisfaction with the utilization of antenatal services in Moba Local Government Area of Ekiti State.

Methodology

This focuses on the methods used in carrying out this study. It includes the research design, population, sample and sampling technique, research instrument, validity of the instrument, reliability of the instrument, administration of the instrument and data collection and analyses.

Study Design

The research design adopted for this study is the descriptive survey method. The design was used for the study because it aimed at describing existing problem and it would allow the researcher to obtain factual information about the factors that affecting the utilization of antenatal cares by pregnant women. The study was carried out in Moba Local Government Area of Ekiti State, Nigeria.

Target Population

The population for this study was all the pregnant women that are attending clinics for pregnant antenatal cares and the health workers providing antenatal services in Moba Local Government Area of Ekiti State.

Sampling Technique

Simple random sampling technique was used to select the sample for this study. This study allowed just any of the pregnant women to be the participants in this study.

Sample Size

A sample of 100 pregnant women who are pregnant antenatal clinic attendees were selected using systematic random sampling technique from 10 out of 13 maternity centres in Moba Local Government Area of Ekiti State.

Instrument for Data Collection

A researcher-developed questionnaire of two sections was used to collect data. The sections of the questionnaire are as bellow:

- a. Demographic data of respondents
- b. Variables on the factors that determine the utilization of antenatal cares among pregnant women.

Reliability of the Instrument

The reliability of the instrument was determined by test re-test method of reliability with interval of three weeks. The instrument was trial tested on twenty (20) pregnant women and ten (10) health workers who provide antenatal cares outside the sampled maternity centres. Pearson's Product Moment Correlation Coefficient was used to analyse the data gathered and coefficient reliability of 0.78 was obtained and this made the instrument to be accepted as a reliable

one.

Method of Data Collection

Having taken permission from the health workers and the respondents, the researcher with the aid of research assistants distributed the copies of the questionnaire to the respondents and explained to them how to complete it. All the copies of the questionnaire given to the respondents were dully filled and recovered.

Method of Data Analysis

Data collected through the instrument was analysed using frequency counts and percentage as well as chi-square statistical analysis through the use of Statistical Package for Social Science version 20 (SPSS v20). The demographic variables of the respondents and research questions were analysed using frequency counts and percentage while chi-square statistical analysis was used to test the hypotheses formulated for the study.

Ethical Consideration

The researcher explained the purposes of the study and took a written permission from the Matrons and Medical Directors (MD) in charge of the sampled maternity clinics before embarking on the study. The purposes, general contents and nature of the investigation were explained to each respondent to obtain a verbal and written consent before inclusion into the study. In the main, there was no conflict interest.

Findings

This session deals with data analysis, results and summary. Three research questions and two hypotheses were raised for this study. The research questions were analysed with frequency counts and percentage while the hypotheses were tested using chi-square statistical technique. The results of the analysis and testing are shown below. Also, the findings of this study were summarized hereunder in order to give concise note on the study.

Results in table 1 reveal that 15 (15%) of the respondents are of less than 19 years old, 17 (17%) of them are 20-24 years old, 25 (25%) of them are between 25 to 29 years old, respondents between ages 30 to 35 are 32 (2%) while 11 (11%) of them are of ages 35 and above. In the main, 64 (64%) of the respondents

are Christians while 36 (36%) of them are Muslims.

On the educational status of the respondents, the result above revealed that 16 (16%) of the respondents possessed primary school certificates, 49 (49%) of them have secondary education certificate while 35 (35%) of them are holders of tertiary education certificates.

In the results shown in the table 2, item 1 revealed that 76 (76%) of the respondents agreed that there is adequate information about the antenatal care utilization in this community while 24 (24%) of them raised objection to the submission. Item 2 showed that all respondents (100%) said they have heard about the antenatal care services utilization before getting married. Item 3 indicated that 89 (89%) of the respondents were of the opinion that antenatal care gives opportunity for individualized care because it deals with each woman's specific needs while 11 (11%) of them disagreed. Responses to item 4 showed that 92 (92%) of the respondents believed that antenatal care services involves counselling of women about their health status before, during and after delivery while 8 (8%) of them raised objection to the statement. Item 5 indicated that 88 (88%) of the respondents opined that antenatal care services helped in birth preparedness and complication planning for pregnant women while 12 (12%) of them did not agree with the submission. Responses to item 6 revealed that 56 (56%) of the respondents were of the view that antenatal care leads to health promotion and disease prevention while 44 (44%) of them had contrary opinion to the statement. Responses to item 7 showed that 78 (78%) of the respondents submitted that they prefer attending the antenatal care because it motivates me to learn about the problems that may occur before, during and after child delivery while 22 (22%) of them disagreed to the submission. Item 8 indicated that 67 (67%) of the respondents agreed that attending to antenatal care services should be frequent rather than rarely while 33 (33%) of them disagreed. Responses to item 9 showed that all respondents (100%) said they did not hate antenatal care services at all. Item 10 indicated that 81 (81%) of the respondents submitted that they prefer antenatal care services because seeing other women in the clinic relieves anxiety in them while 19 (19%) of them disagreed to the assertion. Responses to item 11 showed that 8 (8%) of the respondents were of the opinion that their family members forced them to attend this programme due to their poor attitude to it 93 (92%) of them disagreed, saying their attitude

to the programme is encouraging and they were not force at all. Results of item 12 showed that 2 (2%) of the respondents said they were not treated well in their last antenatal care services and child birth and discouraged them from coming for the present one while 98 (98%) of them disagreed to the assertion.

According to the results shown 3, item 13 revealed that 12 (12%) of the respondents said they do not come for the antenatal services as expected of them due to their inability to cater for their transport fares while 88 (88%) of them disagreed to the statement. Responses to item 14 indicated that 45 (45%) of the respondents agreed to the assertion that the type of jobs they do disturbs them from coming to the maternity centre for antenatal care frequently while 55 (55%) of them raised objection to the assertion. Results of item 15 showed that 13 (13%) of the respondents said the distance of their houses to the places of receiving antenatal cares stop them from attending the programme frequently while 87 (87%) of them disagreed to the statement. Item 16 indicated that 2 (2%) of the respondents were of the view that their family structures do not encourage them from attending antenatal care services while 98 (9%) of them disagreed to the assertion. Responses to item 17 revealed that all the respondents (100%) disagreed to the belief that their religions do not support them from attending antenatal services. Item 18 indicated that 57 (57%) of the respondents submitted that their educational statuses motivated them from attending antenatal services while 43 (43%) of them objected to the submission. Item 19 showed that 2 (2%) submitted that their cultures do not the utilization of antenatal services while 98 (98%) of them disagreed to the statement. Results in the item 20 indicated that 13 (13%) of the respondents were of the opinion that they have little or no time left after completing essential household chores so the chance of coming for the utilization of antenatal care services is narrowed while 87 (87%) of them disagreed to the submission.

As shown in table 4, item 21 revealed that 85 (85%) agreed that the time of meeting for the pregnant women on antenatal services is favourable to me 15 (15%) of them said the time of meeting is not favourable enough. Responses to item 22 indicated that 76 (76%) of the respondents submitted that the methods used by the health officers in handling us in the clinic during the antenatal service period are friendly while 24 (24%) of them disagreed to the statement. Item 23 showed that 97 (97%) of the respondents were of the opinion that the environment at which the programme

Table 1: Demographic Variables of the Respondents

Variables		Frequency	Percentage
Age	<19 years	15	25%
	20-24 years	17	17%
	25-29 years	25	25%
	30-34 years	32	32%
	>35	11	11%
	Total	100	100%
Religion	Christianity	64	64%
	Islamic	36	36%
	Others	0	0%
	Total	100	100%
Educational Status	None	0	0%
	Primary	16	16%
	Secondary	49	49%
	Tertiary	35	35%
	Total	100	100%

Table 2: Responses on Knowledge and Attitude of Pregnant Women to Antenatal Care Services

ITEMS	RESPONSES			
	YES	%	NO	%
There is adequate information about the antenatal care utilization in this community.	76	76%	24	24%
I have heard about the antenatal care services utilization before getting married.	100	100%	0	0%
Antenatal care gives opportunity for individualized care because it deals with each woman's specific needs.	89	89%	11	11%
It involves counselling of women about their health status before, during and after delivery.	92	92%	8	8%
It helped in birth preparedness and complication planning for pregnant women.	88	88%	12	12%
Antenatal care leads to health promotion and disease prevention.	56	56%	44	44%
I prefer attending the antenatal care because it motivates me to learn about the problems that may occur before, during and after child delivery.	78	78%	22	22%
Attending to antenatal care services should be frequent rather than rarely.	67	67%	33	33%
I hate antenatal services because it uses risk facilities that can cause health problems for me and my unborn baby.	0	0	100	100%
I prefer antenatal care services because seeing other women in the clinic relieves anxiety in me.	81	81%	19	19%
My family members forced me to attend this programme due to my poor attitude to it.	8	8%	92	92%
I was not treated well in my last antenatal cares and child birth so I don't want to come for this one again.	2	2%	98	98%

is being carried out is conducive for the pregnant women while 3 (3%) of them disagreed to the assertion. Results of item 24 showed that all the respondents (100%) submitted that there is a well-coordinated communication between the pregnant women and the health care providers in this maternity clinic. Item 25 revealed that 78 (78%) of the respondents agreed that the attitude of senior colleagues towards new comers satisfy them to be receiving the antenatal cares promptly while 22 (22%) of them disagreed with the submission.

Hypotheses Testing

Two research hypotheses were formulated for this study. Hypotheses 1 and 2 were tested using chi-square at 0.05 level of significance.

H₀₁: There is no significant association between knowledge and attitude of pregnant women towards the utilization of antenatal cares in Moba Local Government Area of Ekiti State.

This hypothesis was tested by subjecting knowledge and attitude of the respondents towards the utilization of antenatal care to chi-square and its results are shown in table 5.

Results in table 5 revealed that calculated χ^2 value is 42.749 with calculated significance of 0.439 computed at alpha of 0.05. Since the calculated significance is greater than the significance level, the hypothesis one which states that there is no significant association between knowledge and attitude of pregnant women towards the utilization of antenatal cares in Moba Local Government Area of Ekiti State is accepted. This implies that the knowledge of the pregnant women towards utilization of antenatal care services does not determine their attitude towards the programme.

H₀₂: there is no significant association between the pregnant women's socio demographic factors and their level of satisfaction with the utilization of antenatal services in Moba Local Government Area of Ekiti State.

In testing this hypothesis, responses of pregnant women on socio demographic variables and their level of satisfaction on the utilization of antenatal care services were subjected to chi-square statistical analysis. Its results are shown in table 6.

Table 6 reveals that calculated χ^2 value is 13.369 with calculated significance of 0.861 computed at significant level of 0.05. Since the calculated significance is greater than the significance level, the hypothesis two which states that there is no significant association between the pregnant women's socio demographic factors and their level of satisfaction with the utilization of antenatal services in Moba Local Government Area of Ekiti State. This means that the socio-demographic status of pregnant women has no influence on their level of satisfaction on the utilization of antenatal care services. A woman with low socio-economic status can satisfy the antenatal cares as her counterparts from high socio-economic statuses.

Discussion of Findings

The finding of the research question 1 revealed that pregnant women knowledge and attitude towards utilization of antenatal care services is favourable. They are encouraged to attend to the programme due to their rich knowledge and positive attitude to it. This finding is in conformity to Magadij^[18] who maintained that knowledge of pregnant mothers is a major factor in determining the extent of utilization of antenatal services. Similarly, it agreed with Akpan-Nnah^[19] who opined that pregnant women have good knowledge of focused antenatal care and influences their attitude to it.

Finding to research question 2 showed that socio-demographic variables of pregnant women have no influence on the utilization of antenatal care services in the Moba local Government area. The finding is in agreement with Elo^[20] who found quantitatively less important and statistically insignificant effect of mother's socio-economic factors on the use of prenatal care and delivery assistance. He finding contradict Becker e (2013) who found mother's education and socio-economic statuses to be the most consistent and important determinant of the use of child and maternal health services.

Finding to research question 3 indicated that pregnant women in the Moba Local Government Area are satisfied with the provision of antenatal care services and they are utilizing it as it is expected of them due to the satisfaction they are deriving. This is in line with Ojo^[21] who opined that satisfaction of the people seeking help, is one of the most important qualitative indices of health care provision, and has a very special importance in antenatal care.

Table 3: Responses on Effect of Pregnant Women's Socio Demographic Factors on the Utilization of Antenatal Cares

ITEM	RESPONSES			
	YES	%	NO	%
I do not come for the antenatal services as expected of me due to my inability to cater for my transport fares.	12	12%	88	88%
The type of job am doing disturbs from coming to the maternity centre for antenatal care frequently	45	45%	55	55%
Distance of my house to the maternity centre keeps me away from attending antenatal cares frequently.	13	13%	87	87%
My family structure doesn't encourage me in attending the antenatal services frequently.	2	2%	98	98%
My religion doesn't show positive attitude towards antenatal services	0	0%	100	100%
I am motivated to attend antenatal services due to my educational status and I know its usefulness.	57	57%	43	43%
My culture doesn't support the utilization of antenatal care services.	2	2	98	98%
I have little or no time left after completing essential household chores so the chance of coming for the utilization of antenatal care services is narrowed.	13	13%	87	87%

Table 4: Responses on Satisfaction of Pregnant Women on Utilization of Antenatal Services

ITEM	RESPONSES			
	YES	%	NO	%
The time of meeting for the pregnant women on antenatal services is favourable to me.	85	85%	15	15%
The methods used by the health officers in handling us in the clinic during the antenatal service period are friendly.	76	76%	24	24%
The environment at which the programme is being carried out is conducive for the pregnant women.	97	97%	3	3%
There is a well-coordinated communication between the pregnant women and the health care providers in this maternity clinic	100	100%	0	0%
Attitude of senior colleagues towards new comers satisfy me to be receiving the antenatal cares promptly.	78	78%	22	22%

Table 5: Chi-square showing the Association between Pregnant Women's Knowledge and their Attitude of towards the Utilization of Antenatal Services

Variables	N	df	x ² -Cal	Sig.	Decision
Knowledge	100	42	42.749	.439	Accepted
Attitude	100				

p>0.05

Finding of hypothesis 1 revealed that there is no association between the knowledge and attitude of pregnant women towards utilization of antenatal care services. The finding agreed with Igboke^[22] who submitted that attitude of pregnant women towards antenatal services patronage is not as a result of their knowledge and education in it. It also agreed with Park^[23] who opined that an attitude refers to expectant mothers' affective feelings of likes and dislikes to focused antenatal care services rather than their knowledge.

Finding of hypothesis 2 indicated that socio-demographic variables of pregnant women have no influence on their level of satisfaction on the provision and utilization of antenatal care services in Moba Local Government Area of Ekiti State. Satisfaction derive by the women are not measured by their socio-economic statuses. This finding is in conformity to Satisfying pregnant women is achieved through satisfying their needs and expectations during the provision of antenatal care services, which in turn causes a pleasant feeling in them and promotes their mental health and brings about a feeling of calmness and security rather than their socio-economic variables which they bring from their homes.

Conclusion

This study concluded that prominent among the factors that influence the utilization of antenatal care services are knowledge about the services, attitude towards it, socio-demographic variables of the women and the satisfaction derived from attending the antenatal services by the women.

The study concluded that knowledge and attitude of pregnant women towards the utilization of an antenatal care services are encouraging and determine to a large extent their interest in using the services. Also, the study concluded that the socio-demographic variables of the women do not determine the level of willingness to utilize the programme. It was concluded that women from poor socio-economic background utilize the antenatal services at the same rate with those from low socio-economic background.

Similarly, it was concluded that pregnant women in Moba Local Government Area of Ekiti State are satisfied with the provision and utilization of antenatal care services. The study concluded that socio-economic status of the women has no influence on their

level of satisfaction. In the same vein, knowledge of the women about the antenatal care services is found not to be related to their attitude towards the utilization of the programme.

Recommendations

Based on the findings of this study, the following recommendations were made:

1. Government at all levels should endeavour to provide antenatal care services for the pregnant women as stipulated by the World Health Organisation (WHO).
2. Department of Antenatal Services should be adequately funded by the government and philanthropists.
3. Health practitioners who are saddled with the responsibility of providing antenatal care services to the pregnant women should be given in-service trainings by their employers in order to increase their knowledge.
4. The health practitioners should be encouraged to provide their best to the pregnant women in order to satisfy them.
5. Adequate awareness programmes should be embarked on to see that all women in Nigeria are aware of the antenatal services irrespective of where they live, educational statuses, ages and races.
6. Antenatal care services should be made completely free of charge in order to encourage better participation women from poor socio-economic backgrounds.

Suggestion for Further Studies

Researches on the utilization of antenatal care services is still scanty in Ekiti state, so there is need for more researches on it in order to find lasting solutions to its problems. Incoming researchers should endeavour to broaden its scopes by investigating the factors that influence the utilization of antenatal care services in Ekiti state as a whole. Also, attitude of health practitioners towards the pregnant women who are receiving antenatal care services should be researched into.

Furthermore, comparative analysis of the level of satisfaction of pregnant women attending antenatal care services in private and public hospitals should be investigated by the incoming researchers.

References

1. Nwogu, E.C. 'Utilization of Maternity Care in Nigeria'. *Global Journal of Pure and Applied Sciences* 2009; Vol 15, No. 3, 2009: 439
2. Amosu, A. M., Degun, A. M., Thomas, A. M., Olanrewaju, F. M., Babalola, A. O., Omeonu, P. E., Ola, O. O. Onyeriude, O. O. & Nwogwugwu, S.. Acceptance and practice of focused antenatal care by health care providers in south west zone of Nigeria. *Arch. Appl. Science Research*, 2011; 3(10), 484-491.
3. WHO. 'Maternal Mortality Ratio'. Health statistics and health information systems; 2011.
4. Mekonnen, Y. & Mekonnen, A., Utilization of Maternal Healthcare Services in Ethiopia. Calverton, Maryland, USA: ORC Macro Nepal Demographic and Health Survey (NDHS) (2011). Ministry of Health and Population (MOHP), 2012; Nepal, New ERA and Macro International Inc.
5. Ogunjuyigbe, P.O. and Liasu, A. (2012) The Social and Economic Determinants of Maternal Morbidity and Mortality in Nigeria. [Online] Available from: <http://uaps2007.princeton.edu/download.aspx?submissionId=70155> Accessed: (June 23, 2010).
6. Babalola, S. and Fatusi, A. 'Determinants of use of maternal health services in Nigeria- looking beyond individual and household factors'. *BMC Pregnancy and Childbirth* 2009, 9:43
7. Celik, Y. and Hotchkiss, D.R. 'Socio-economic determinants of maternal healthcare utilization in Turkey' *Social Science & Medicine* 2010; 50 (2000) 1797-1806
8. Adewumi, J.F. 'Societal and Individual Determinants of Medical Care Utilization in the United States' *The Milbank Quarterly*, Vol. 83, No. 4, 2009 (pp. 1-28)
9. Harrison, A. S. . Oxford Advanced Learners Dictionary of Current English (6th ed.) 2008; Oxford University Press.
10. WHO 'Attending to 136 million births, every year'. 2008); In: *The World Health Report 2005*
11. Yousif, E. M & Abdul-Hafeez, A. R. The effect of antenatal care on the probability of neonatal survival at birth, Wad Medani Teaching Hospital Sudan. *Sudanese Journal of Public Health* 2006;1(4):293-7.
12. Okunlola, M. A; Owonikoko, K. M; Fawole, A. O & Adekunle, A. O. Gestational age at antenatal booking and delivery outcome. Okunlola MA, Owonikoko KM, Fawole AO, Adekunle AO. *Afr J Med Med Sci*. 2008 Jun;37(2):165-9.
13. Simkhada, B; VanTeijlingen, E. R; Porter, M & Simkhada, P. Factors affecting the utilization of antenatal care in developing countries: systematic review of the literature. *J Adv. Nurs*. 2008;61(3):244-60.
14. Margaret E Kruk, Sandro Galea, Marta Prescott and Lynn P Freedman. Health care financing and utilization of maternal health services in developing countries *Health Policy and Planning* 2007;22:303-310
15. Galandanci H, Ejembi C, Iliyasu Z, Alagh B, Umar U. (2007), 'Maternal health in Northern Nigeria-a far cry from ideal'. *BJOG* 2007;114:448-452.
16. Villar J, Ba'aqeel H, Piaggio G, Lumbiganon P, Miguel Beliz J, Farnot U, et al. Antenatal Care Trial Research Group: WHO antenatal care randomized trial for the evaluation of a new model of routine antenatal care. *Lancet* 2011; 357(9268): 1551-64.
17. Igberase, G.O., Isah, E.C. & Igbekoyi, O.F. 'Awareness and perception of maternal mortality among women in a semi-urban community in the Niger Delta of Nigeria' *Annals of African Medicine*, Vol. 8, No. 4, October-December, 2009, pp. 261-265
18. Magadi, M. A., Madise N.Y, & Rodgues R. N., . Frequency and timing of antenatal care in Kenya explaining the variations between women of different communities. *Soc. Sci. med*. 2006; 2010
19. Akpan-Nnah, E. M.. Knowledge and attitude of pregnant women towards focused antenatal care in General Hospital, Ikot Ekpene, Akwa Ibom State, *International Professional Nursing Journal*. 2011; (1), 96- 104.
20. Elo, I.T. 'Utilization of maternal health-care services in Peru: the role of women's education'. *Health*

Transition Review 2007; Vol. 2 No. 1 1992

21. Ojo . A textbook for midwives in the Tropics (5th ed) 2004; London. Golden and Stoughton.
22. Igbokwe, C. C.. Knowledge and attitude of pregnant women towards antenatal services in Nsukka Local Government Area of Enugu State, Nigeria. Journal of Research in Education and Society. 2012; (3), 1.
23. Park, K.. Park's textbooks of preventive and social medicine. (20th ed.) 2009; Jabalpur, India, M/s Banarsidas Bhanot.



Table 6: Chi-square showing the Association between Pregnant Women's Demographic variables and their Satisfaction on Utilization of Antenatal Services

Variables	N	df	x ² -Cal	Sig.	Decision
Social Demographic	100	20	13.369	.861	Accepted
Satisfaction	100				

P>0.05