



# DETERMINANTS AND BARRIERS TO THE USE OF HEALTHCARE SERVICES AMONG WOMEN OF CHILDBEARING AGE IN DEGEMA

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## ABSTRACT

**Background:** Despite the increasing availability of primary healthcare facilities in rural communities in Rivers State, South-South Nigeria, utilization of healthcare services is still sub-optimal. This study was designed to assess the determinants and barriers to the utilization of healthcare services amongst women of child bearing age in Degema Local Government Area (LGA) in Rivers State of Nigeria.

**Materials and Methods:** A descriptive cross-sectional study was conducted among 400 randomly selected women of child bearing age (15-49 years) who were resident in selected community in Degema LGA in Rivers State. Validated self-administered questionnaire was used to obtain information from respondents. Data was analysed using the version 25.0 of the Statistical Package for Social Science (SPSS) statistical software. Descriptive and inferential statistics were performed with the level of statistical significance set at  $p < 0.05$ .

**Results:** Out of 376 respondents who completed the study, about half (51.9%) were married and 199 (52.9%) were between 31-45 years, the mean age was  $31.8 \pm 8.6$  years. About 97% had utilized at least one of the services provided by the health facility in their community, while immunization service (66.4%) was the most utilized. Utilization of healthcare services showed significant relationship with respondents' marital status ( $p < 0.001$ ), level of education ( $p, 0.005$ ), and occupational status ( $p < 0.005$ ). Distance of health facility from residential area, unavailability of money for transport to health facility and unavailable of transport means to health facility were the 3 most frequently reported barriers to utilization of healthcare services.

**Conclusion:** Utilizing of healthcare services has been shown to be greatly hindered by distance of the health facility from residential area. Government and policy makers are therefore charged to put into consideration distance of health facility from residential area and adequate transport means when sighting health facility for community use.

**KEY WORDS:** Determinant, barriers, utilisation, healthcare services, women of child bearing age

## INTRODUCTION

Health is defined not just as the state of absence of disease condition or any infirmity, but as a state of complete physical, mental and social well-being (Nordqvist, 2017). It represents a major determinant of socio-economic development because all human endeavours require sound minds in sound bodies for full realization of aspirations (Enemuoh, 2021; Musah & Kayode, 2018). As the saying goes, "Health is Wealth." In view of this, the United Nations (UN) renewed her commitment to health and well-being for all in 2015 via the adoption of primary health care (PHC) as an effective, efficient and equitable approach towards enhancing health, thus making it an important approach towards achieving Universal Health Coverage (UHC) and the

health-related Sustainable Development Goal (SDG) (Pettigrew et al., 2015; Puras, 2016; WHO, 2018). In Nigeria, since the adoption of PHC as the bedrock of the nation's healthcare system, it has witnessed a series of evolution geared towards repositioning and revitalizing it so as to improve utilisation (Aigbiremolen et al., 2014). Despite this, there has been poor and low level of utilisation of available healthcare services in the nation, with women and children seen as the most vulnerable to the brunt of this low level of utilisation.

According to an estimate made by the World Health Organisation (WHO), about 303,000 mothers died in 2015 due to maternal causes during pregnancy and childbirth, with two



thirds of this death (201,000) occurring in Sub-Saharan Africa (SSA). Nigeria has the second highest mortality rate in the world, with a maternal mortality rate (MMR) is 630 deaths per thousand live births, with marked variation across the six geopolitical zones and between urban and rural areas (Onasoga et al., 2014). The Federal Ministry of Health (FMOH) has hinged this gruesome state of the maternal health to lack of utilisation of maternal health services during pregnancy, childbirth and the first month after delivery, despite the existence of national programs for improving maternal and child health in Nigeria (FMOH, 2005). Babalola and Fatusi (2019) did also report that the use of such services remains low in SSA, especially, where only 58% of women have attended at least one antenatal clinic (ANC) during pregnancy, 39% of births are attended to by a skilled professional, 35% of deliveries take place in a health facility and 43.7% receive postnatal care (WHO et al., 2012).

Several factors have been implicated in the lack of utilisation of quality health care services, of which cultural perception of illness, religious beliefs of individual women and co-existence of maternal health services with indigenous health care services, in most rural communities have been identified (Addai, 2020). Some other identified factors affecting the utilisation of healthcare services include cost of services, socio-demographic and educational level of the client, women's level of autonomy in making health care decisions, physical accessibility to health care services, and the type of health services rendered, disease pattern and healthcare workers attitude (Onah et al., 2016; D'Ambruoso et al., 2017). Gaining understanding of these factors would be of immense benefit in policy formulation towards improving uptake of healthcare services, especially in developing countries, particularly among vulnerable populations and rural communities in poor-resource settings (WHO, 2013; Topp & Abimbola, 2018). Hence, this study is aimed as exploring the determinants and Barriers to the use of healthcare services among women of child bearing age in Degema LGA of Rivers state.

## METHODS AND MATERIALS

### Study Design and setting

This survey adopted the descriptive cross-sectional technique and was conducted in Degema Local Government Area (LGA) in Rivers State, Nigeria. Degema is one of the oldest LGAs in Rivers state and has an area of 1,011 km<sup>2</sup>, with a projected population of about 385,756 as at 2021. The LGA occupies the South-Western axis of the State and it is bounded to the North by Asari Toru and Emohua LGAs, to the east by Bonny, Okrika and Port Harcourt LGAs to the South by the Atlantic Ocean, and to the West by Akuku Toru and Abua/Odual LGAs. The LGA has seven health facilities, one health post and one Zonal Hospital. The health facilities are Model Primary Healthcare Centre Obu-ama, Model Primary Healthcare Centre Bakana, Model Primary Healthcare Centre Tombia, Community Health Centre Degema, Primary Healthcare Centre Usokun, Primary Healthcare Centre Augoru-ama and Primary Healthcare Centre Bukuma.

### Study Population

The study was conducted amongst women of child bearing age between the ages of 15 and 49 years, who have lived in a community in Degema for 5 years or more.

### Sample Size and Technique

The sample size for the study is 400 this was gotten by applying the descriptive studies sample size determination formula, with the prevalence of women's utilization of healthcare services in Nigeria, given as 38% (Adedokun & Uthman, 2019), at 95% confidence level, and addition of 10% non-response rate. The study adopted the use of the multi-stage sampling method in recruiting the respondents for the study

### Study Instruments

The instrument used to gather data for the study was a pre-tested, structured questionnaire "Determinants and barriers to the utilisation of health care services amongst women of child bearing age in Degema." The questionnaire collected information in line with the objective of the study.

### Statistical Analysis

Data from the study was first entered into the Microsoft Excel Spread Sheet (2016), cleaned and validated, after which it was exported into the version 24.0 of the Statistical Package for Social Sciences (SPSS) Statistical Software for statistical analysis. Descriptive statistics was performed and reported using tables and charts where necessary. Continuous variable outcomes were summarized as mean and standard deviation, while categorical variable outcomes were summarized as frequencies and percentages. For inferential statistics, the Chi-Square test was used to test for statistical significance, at 95% confidence level, and the probability level of  $p < 0.05$  was considered as statistically significant. The multivariable logistic regression model was conducted to assess the strength of the statistically significant outcomes, and this was reported as odds ratio.

### Ethical Consideration

Ethical approval for the study was obtained from the Research Ethics Committee of the University of Port Harcourt. Permission to conduct the study was obtained from the head or leadership of the community before community entry. Informed consent was also obtained from each respondent before administering the questionnaire. All the information provided by respondent in course of the work was treated with confidentiality. For the sake of animosity, names were not asked or used to identify any respondent. Access to information about this study was not granted to unauthorized persons.

## RESULTS

### Socio-demographic Characteristics of the respondents

The result of the socio-demographic characteristics of the women as presented in table 1 revealed that more than half 199 (52.9%) of the women were aged between 31 and 45 years, with



the mean age as  $31.8 \pm 8.6$  years. About half (51.9%) of the respondents were married, among whom 158 (68.1%) had the monogamous type of marriage. Most of the women were

Christians (84.8%), had completed secondary level of education (43.6%), had business as their occupation (38.0%) and had four children or more (31.9%).

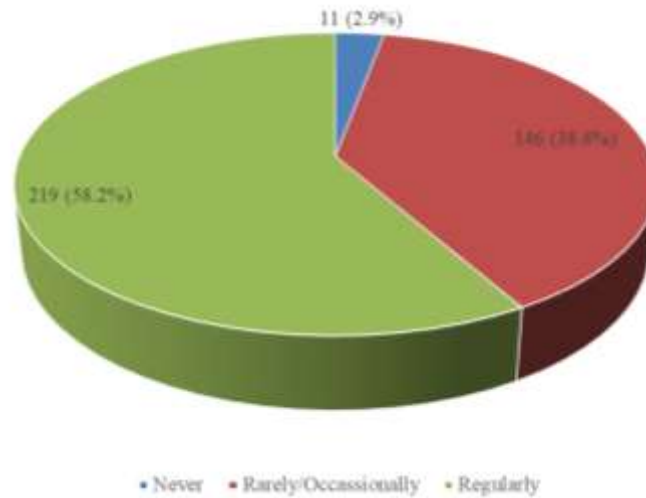
**Table 1: Socio-demographic characteristics of respondents**

Variables	Frequency (n=376)	Percent
<b>Age (years)</b>		
30 or less	175	46.5
31-45	199	52.9
Over 45	2	0.5
Mean age $\pm$ SD (years)	31.8 $\pm$ 8.6	
<b>Marital status</b>		
Single	115	30.6
Married	195	51.9
Divorced/Separated	20	5.3
Widowed	17	4.5
Cohabiting	29	7.7
<b>Types of marriage (n=232)</b>		
Monogamous	158	68.1
Polygamous	74	31.9
<b>Education level completed</b>		
No formal	48	12.8
Primary	33	8.8
Secondary	164	43.6
Tertiary	131	34.8
<b>Religion</b>		
Christianity	319	84.8
Islam	27	7.2
African traditional worshipper	29	7.7
Others	1	0.3
<b>Occupation of mother</b>		
Civil servant	65	17.3
Private practice job	61	16.2
Oil firm	22	5.9
Farming	34	9.0
Business	143	38.0
Not employed	51	13.6

#### Utilization of healthcare services in Degema LGA

The study found that 97.0% of women of child bearing age had utilized at least one of the services of the healthcare facilities in Degema LGA. According to figure 1 below, 219 (58.2%) of the

respondents utilize the services of the healthcare facilities in Degema LGA regularly, 146 (38.8%) utilized the services rarely or occasionally, while 11 (2.9%) never utilized it.



**Figure 1: Utilization of healthcare services of health facilities in Degema LGA**

#### Determinants to utilization of healthcare services

Table 2 presents the response of the attitude of the respondents towards the utilisation of healthcare services. According to the result, most of the respondents agreed that high awareness about the existence of healthcare services in Degema LGA can enhance women of child bearing age to utilize the services (32.4%), availability of health insurance scheme can enhance women of child bearing age towards utilizing healthcare services in the LGA (33.0%) and having money to pay transport is a factor that enhances women of child bearing age towards utilizing health care services in Degema LGA (39.6%). Similarly, 42.3%, 31.1% and 33.8% respectively, agreed that availability of healthcare services are factors that can enhance the utilization of healthcare services amongst women of child bearing age in the LGA; that the quality of healthcare services is a factor that can enhance the utilization of healthcare services

amongst women of child bearing age in the LGA and that low cost of healthcare services are factors that can enhance the utilization of healthcare services amongst women of child bearing age in Degema LGA. Also, 29.3% agreed that the health status of women of child bearing age is a factor that can enhance the utilization of healthcare services in Degema LGA, while 36.7%, agreed that access to healthcare services is a factor that can enhance the utilization of healthcare services amongst women of child bearing age in Degema LGA (Mean=3.09, SD=1.41). However, 35.1% of the respondents disagreed that the working age of women of child bearing age can enhance the utilization of healthcare services in the LGA, while 30.9% strongly disagreed that language factor can enhance the utilization of healthcare services by women of child bearing age in the LGA.

**Table 2: Determinants to utilization of healthcare services amongst women of child bearing age in Degema LGA**

Item	Strongly Disagree (%)	Disagree (%)	Indifferent (%)	Agree (%)	Strongly Agree (%)	Mean (SD)
High awareness about the existence of healthcare services in Degema can enhance women of child bearing age to utilize the services	65 (17.3%)	52 (13.8%)	71 (18.9%)	122 (32.4%)	66 (17.6%)	3.22 (1.46)
Availability of health insurance scheme can enhance women of child bearing age towards utilizing healthcare services in Degema	55 (14.6%)	109 (29.0%)	37 (9.8%)	124 (33.0%)	51 (13.6%)	3.02 (1.32)
Having money to pay transport is a factor that enhances women of child bearing age towards utilizing health care services in Degema	94 (25.0%)	51 (13.6%)	41 (10.9%)	149 (39.6%)	41 (10.9%)	2.98 (1.41)
Availability of healthcare services are factors that can enhance the utilization of healthcare services amongst women of child bearing age in Degema	35 (9.3%)	30 (8.0%)	78 (20.7%)	159 (42.3%)	74 (19.7%)	3.55 (1.17)
The quality of healthcare services is a factor that can enhance the utilization of healthcare services amongst women of child bearing age in Degema	53 (14.1%)	100 (26.6%)	48 (12.8%)	117 (31.1%)	58 (15.4%)	3.07 (1.33)



Low cost of healthcare services are factors that can enhance the utilization of healthcare services amongst women of child bearing age in Degema	87 (23.1%)	63 (16.8%)	41 (10.9%)	127 (33.8%)	58 (15.4%)	3.02 (1.43)
The health status of women of child bearing age is a factor that can enhance the utilization of healthcare services in Degema	108 (28.7%)	64 (17.0%)	47 (12.5%)	110 (29.3%)	47 (12.5%)	2.80 (1.44)
Access to healthcare services is a factor that can enhance the utilization of healthcare services amongst women of child bearing age in Degema	79 (21.0%)	61 (16.2%)	41 (10.9%)	138 (36.7%)	57 (15.2%)	3.09 (1.41)
The working age of women of child bearing age can enhance the utilization of healthcare services in Degema	56 (14.9%)	132 (35.1%)	47 (12.5%)	103 (27.4%)	38 (10.1%)	2.83 (1.27)
Language factor can enhance the utilization of healthcare services by women of child bearing age in Degema	116 (30.9%)	93 (24.7%)	46 (12.2%)	88 (23.4%)	33 (8.8%)	2.55 (1.37)

### Perceived Barriers to utilization of healthcare services amongst women of child

Some of the perceived barriers to utilization of healthcare services among women of child bearing age in Degema LGA are presented in Table 3. According to the result, 27.9% strongly disagreed that there was poor awareness of women of child bearing age about the existence of healthcare services in their community, while 43.4% and 48.7% respectively, agreed that distance of the healthcare centre from residential area was a

barrier to utilization of healthcare services in their LGA and that not having available means of transport was a barrier. Also, 29.5% agreed that not being able to get permission from husband is a barrier, while 30.9% and 35.1% strongly disagreed that doctors and nurses/midwives, respectively, were not always available in the healthcare centre. Furthermore, 44.1% disagreed that religious believe was a barrier, while 36.4% agreed that not having good equipment in health facilities in their LGA was a barrier.

**Table 3: Perceived Barriers to utilization of healthcare services**

Item	Strongly Disagree (%)	Disagree (%)	Indifferent (%)	Agree (%)	Strongly Agree (%)	Mean (SD)
Poor awareness about the existence of healthcare services in Degema hindered women of child bearing age from utilizing the service	105 (27.9%)	74 (19.7%)	34 (9.0%)	101 (26.9%)	62 (16.5%)	2.84 (1.49)
Distance of the Healthcare centre from residential area hindered women of child bearing age from utilizing the healthcare services in Degema	34 (9.0%)	96 (25.5%)	34 (9.0%)	163 (43.4%)	49 (13.0%)	3.26 (1.23)
Not having money to pay for transport hindered women of child bearing age from utilizing the healthcare services in Degema	33 (8.8%)	89 (23.7%)	34 (9.0%)	183 (48.7%)	37 (9.8%)	3.27 (1.18)
Not having available means of transport hindered women of child bearing age from utilizing the healthcare services in Degema	75 (19.9%)	57 (15.2%)	37 (9.9%)	164 (43.6%)	43 (11.4%)	3.11 (1.36)
Not being able to get permission from husband hindered women of child bearing age from utilizing healthcare services in Degema	70 (18.6%)	82 (21.8%)	86 (22.9%)	111 (29.5%)	27 (7.2%)	2.85 (1.24)
Women of child bearing age were hindered from utilizing healthcare services in Degema because doctors were not always available	116 (30.9%)	70 (18.6%)	31 (8.2%)	115 (30.6%)	44 (11.7%)	2.74 (1.46)
Women of child bearing age were hindered from utilizing healthcare services in Degema because nurses/midwives were not always available	132 (35.1%)	66 (17.6%)	32 (8.5%)	103 (27.4%)	43 (11.4%)	2.63 (1.48)
Women of child bearing age were hindered from utilizing the healthcare services in Degema because of their religious believe	92 (24.5%)	166 (44.1%)	33 (8.8%)	63 (16.8%)	22 (5.9%)	2.35 (1.19)



Women of child bearing age were hindered from utilizing the healthcare services because the healthcare facilities do not have good equipment	69 (18.4%)	97 (25.8%)	39 (10.4%)	137 (36.4%)	34 (9.0%)	2.92 (1.31)
Women of child bearing age were hindered from utilizing the healthcare services in Degema because the clinic schedule was not flexible	79 (21.0%)	89 (23.7%)	48 (12.8%)	89 (23.7%)	71 (18.9%)	2.96 (1.44)

**Relationship between social demographic characteristics and utilization of healthcare services****Table 4: Relationship between social demographic factors and utilization of health care services**

	Utilization of healthcare services (n=376)				p-value
	Never (%)	Rarely/Occasionally (%)	Regularly (%)	□ 2	
<b>Age group</b>					
30 years or less	4 (2.3%)	72 (41.1%)	99 (56.6%)	2.666 <sup>#</sup>	0.750
31-45 years	7 (3.5%)	73 (36.7%)	119 (59.8%)		
Over 45 years	0 (0.0%)	1 (50.0%)	1 (50.0%)		
<b>Marital Status</b>					
Single	4 (3.5%)	55 (47.8%)	56 (48.7%)	29.531 <sup>#</sup>	<0.001*
Married	6 (3.1%)	64 (32.8%)	125 (64.1%)		
Divorced/Separated	1 (5.0%)	15 (75.0%)	4 (20.0%)		
Widowed	0 (0.0%)	8 (47.1%)	9 (52.9%)		
Cohabiting	0 (0.0%)	4 (13.8%)	25 (86.2%)		
<b>Education level completed</b>					
No formal	4 (8.3%)	20 (41.7%)	24 (50.0%)	23.674 <sup>#</sup>	<0.001*
Primary	2 (6.1%)	3 (9.1%)	28 (84.8%)		
Secondary	2 (1.2%)	74 (45.1%)	88 (53.7%)		
Tertiary	3 (2.3%)	49 (37.4%)	79 (60.3%)		
<b>Religion</b>					
Christianity	9 (2.8%)	123 (38.6%)	187 (58.6%)	4.117 <sup>#</sup>	0.822
Islam	1 (3.7%)	11 (40.7%)	15 (55.6%)		
African traditional worshipper	1 (3.4%)	11 (37.9%)	17 (58.6%)		
Others	0 (0.0%)	1 (100.0%)	0 (0.0%)		
<b>Occupation of mother</b>					
Civil servant	2 (3.1%)	23 (35.4%)	40 (61.5%)	26.778 <sup>#</sup>	<0.001*
Private practice job	0 (0.0%)	27 (44.3%)	34 (55.7%)		
Oil firm	0 (0.0%)	11 (50.0%)	11 (50.0%)		
Farming	2 (5.9%)	10 (29.4%)	22 (64.7%)		
Business	3 (2.1%)	44 (30.8%)	96 (67.1%)		
Not employed	4 (7.8%)	31 (60.8%)	16 (31.4%)		
<b>Occupation of husband</b>					
Civil servant	0 (0.0%)	21 (26.3%)	59 (73.8%)	49.491 <sup>#</sup>	<0.001*
Private practice job	0 (0.0%)	22 (46.8%)	25 (53.2%)		
Oil firm	2 (6.5%)	16 (51.6%)	13 (41.9%)		
Farming	0 (0.0%)	8 (25.8%)	23 (74.2%)		
Business	1 (1.2%)	21 (25.0%)	62 (73.8%)		
Not employed	8 (7.8%)	58 (56.3%)	37 (35.9%)		

\* = Statistically significant;

# = Fisher's Exact



The Chi-Square test showed a statistically significant relationship between utilization of healthcare services and respondents' marital status, education and occupation. It was found that 56 (48.7%) of single women utilized healthcare services in Degema as compared against 125 (64.1%) of married, 4 (20.0%) of divorced/separated, 9 (52.9%) of the widowed and 25 (86.2%) of cohabiting women (Fisher's Exact=29.531;  $p < 0.001$ ). Among the women assessed, 24 (50.0%) of those who had no formal education utilized the healthcare services in the LGA regularly as compared against 28 (84.8%) of those with primary, 88 (53.7%) of those with secondary and 79 (60.3%) of those with tertiary education (Fisher's Exact=23.674;  $p < 0.001$ ). Similarly, the occupational status of respondents and their husband also showed statistical significance (Fisher's Exact=26.778,  $p < 0.001$  and Fisher's Exact=49.491,  $p < 0.001$  for mother's and husband's occupation respectively).

## DISCUSSION

### Utilization of healthcare services

Over four-fifth (97.0%) of the women utilized at least one of the healthcare services of the healthcare facilities in Degema LGA, more than half of whom utilized the services regularly. This is similar with the study of Okeke et al. (2019), which was conducted in the northern part of Nigeria. However, the result from this study is much higher than the 7.5% and 18.9% reported in the studies of Muhammed et al. (2013) and Nwankwo et al. (2017), in Northwest and Southeast Nigeria respectively. It was also seen to be lower in comparison with the results of 76.8%, 89.5% and 89.4% utilisation reported in the studies of Adam (2014), Adebayo and Asuzu (2015) and Otovwe and Elizabeth (2017) in South-South, Southwest and North-Central Nigeria respectively. Also, Nwokoro et al. (2022) reported that only 46.2% of the women in their study reported utilisation of PHC services the last time they were sick. The high utilisation of health care services observed in this study may be attributable to the high level of education of the respondents reached in this study.

### Determinants to utilization of healthcare services

The study identified awareness about the existence of healthcare services in Degema LGA, availability of the healthcare services, and access to the healthcare services as the most frequently reported facilitators of utilization of healthcare services among women of child bearing age in the LGA. In a study conducted by Okeke et al., (2019), the most frequent reasons women gave for utilizing antenatal care service included; for assessment of foetal vitality and positioning, health problems, and general wellbeing. while Nwokoro et al. (2022) in a similar study reported that affordability of health services, inadequacy of healthcare staff, shorter hospital waiting time and satisfaction with PHC services during previous visit influenced utilisation of PHC services. Okeke et al., (2019) also noted that affordability of maternal health service enhanced utilization of the services. Studies have also documented that, women who live in a community where free maternal health services are offered, are

more likely to utilize the facility than those who live in the catchment area of a fee-charging facility.

### Barriers to utilization of healthcare services

It was also found that not having money to pay for transport to the healthcare facility, distance of the healthcare facility from residential area, and not having available means of transportation to the healthcare facility as the most frequently reported barriers to utilization of healthcare service among women of child bearing age in Degema. In a community-based cross-sectional study conducted among women in Jos, Nigeria, the reasons given for non-utilization of antenatal care services included long distance from a health facility, lack of financial means, lack of partner's consent, the state of good health and lack of time (Okeke et al., 2019). Aluku and Ekendo (2020), in their study among women of reproductive age in a community in South-South Nigeria identified awareness as a major barrier to the utilization of maternal health care services, while Nwokoro et al. (2022) in a similar study reported that poor quality health services, unavailability of medical doctors, long patient waiting time and unavailability of drugs were the barriers to the utilisation of healthcare services. Ige and Nwachukwu (2010) also reported that patient waiting time and availability of essential drugs have also been reported to be important indicators of patient satisfaction with primary health care services, while lack of knowledge of the benefits of antenatal care was identified as a factor for low utilization of antenatal care services (Simkhada et al., 2009). Birmeta et al. (2013) quantified the relationship between utilization of antenatal care service and knowledge by showing that the odds of utilizing antenatal care service was more than three times for those with better knowledge of danger signs of pregnancy than those with poor knowledge.

### Relationship between social demographic characteristics and utilization of healthcare services

Utilization of healthcare services among women of child bearing age in Degema LGA showed statistically significant relationship with marital status, education level and occupation of the women and their husbands. This finding corroborates with findings of others studies which showed that income level is a significant determinant of utilization of primary health care services among women of childbearing age (Oladipo, 2014; Habtom, 2017; Okonofua et al., 2018; Aluku and Ekendo, 2020). Okeke et al., (2019) showed in their study that women with high educational level were more likely to utilize antenatal care services and deliver at the health facility, which is also in agreement with finding of this study. Oluwamotemi et al., (2020) in their study found utilization of antenatal care services to be significantly associated with some moderating factors such as age, marital status, income, age at first marriage and level of knowledge. Tiruaynet and Muchie (2019) further revealed in their study that economic status contributed significantly to the utilization of antenatal care among pregnant women in Benishangul Gumuz Region in Western Ethiopia. In another Ethiopian study, it was shown that the likelihood of utilizing



antenatal care decreased as the family income dropped (Birmeta et al., 2013). However, contrary to this study, Aluku and Ekendo (2020), Dahiru and Oche (2015) and Onasoga, et al (2012) reported that age was a significant determinant of primary healthcare services utilization, while a Pakistani study by Khan et al., (2013) also reported it as a determinant factor.

## CONCLUSION AND RECOMMENDATION

Utilization of healthcare services provided by health facilities in Degema LGA is poor among women of child bearing age in the LGA. It has also been greatly hindered by distance of the health facility from residential area. Nevertheless, there is significant relationship between marital status, education and occupation of mother and husband with utilization of healthcare services among women in Degema LGA. Hence, consideration regarding the distance of health facility from residential area and adequate transport means should be made a priority when sighting health facility for community use.

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