# Health Care Seeking Behavior of Pregnant Women Attending Antenatal Clinic in Federal Medical Centre (FMC) Owerri Imo State, Nigeria

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***Abstract Background***

***Maternal healthcare plays a crucial role in public health, as it significantly impacts the well-being of both mothers and their infants. The antenatal period, in particular, offers a vital window for preventing potential complications and promoting favorable outcomes for both maternal and neonatal health.***

***Methods***

***The researcher adopted a cross-sectional descriptive survey design, A well structured questionnaire was used for data collection. The instrument, validated by experts and tested for reliability (r = 0.815), captured respondents' socio-demographic characteristics, antenatal attendance patterns, and preferences for maternal healthcare services.***

***Results***

***Findings revealed that a majority of respondents (67.7%) were within the age bracket of 26–35 years, with 84.6% reporting marital status as married. About 52.9% had tertiary education, and 63.5% identified as civil servants. On antenatal attendance, 76.3% reported initiating ANC visits within the first or second trimester, and 81.0% had attended more than three ANC sessions at FMC Owerri. Approximately 86.2% of respondents preferred hospital-based deliveries, while only 7.3% reported seeking care from traditional birth attendants. The key reasons cited for choosing FMC included availability of skilled personnel (54.9%) and quality of care (29.2%). However, 21.1% of participants highlighted the high cost of services as a major challenge, and 16.4% reported long waiting times as a barrier. Cultural beliefs still influenced decision-making in 14.1% of the respondents, with 11.2% preferring prayer houses for pregnancy-related issues. Despite this, overall service satisfaction was high, with 88.5% of respondents expressing satisfaction with the care received at FMC Owerri. Most notably, 91.9% indicated willingness to recommend the facility to other pregnant women.***

***Conclusion***

***The utilization of maternal health services at FMC Owerri is relatively high among the sampled population, with early antenatal initiation and preference for skilled delivery being the norm. However, socio-economic and cultural barriers persist. Strategic interventions focused on subsidizing care, enhancing service efficiency, and addressing cultural sensitivities are recommended to further improve maternal healthcare uptake.***

***Indexed Terms- About four key words or phrases in alphabetical order, separated by commas. Keywords are used to retrieve documents in an information system such as an online journal or a search engine. (Mention 4-5 keywords)***

## I. INTRODUCTION

Maternal health care is a vital component of public health that directly influences the health outcomes of

mothers and their babies. The antenatal period, specifically, presents a critical opportunity for preventing complications and ensuring positive maternal and neonatal health outcomes [22].

Globally, the [21] recommends that every pregnant woman should attend at least eight antenatal care (ANC) visits, starting in the first trimester, to ensure early detection and management of potential complications, as well as to promote maternal well-being. Despite these guidelines, many women, particularly in low- and middle-income countries like Nigeria, continue to exhibit poor health care seeking behavior during pregnancy.

In Nigeria, maternal mortality remains unacceptably high, with an estimated 512 maternal deaths per 100,000 live births, according to the Nigeria Demographic and Health Survey [11]. This situation is even more concerning in rural and semi-urban areas where health infrastructure is limited, and traditional beliefs often influence maternal health choices. Several factors contribute to poor health care seeking behavior among pregnant women, including but not limited to lack of education, financial constraints, distance to health facilities, low autonomy in decision-making, cultural norms, and distrust in formal health care systems [4][14].

In the South-East region of Nigeria, which includes Imo State, these challenges are further compounded by entrenched traditional practices and gender dynamics that often place the responsibility for maternal health decisions in the hands of husbands or elderly women in the family.

According to [20], many women still seek care from traditional birth attendants (TBAs) or rely on home remedies due to perceived cultural compatibility, affordability, and accessibility, despite the availability of modern healthcare services. This reliance on non-formal care can lead to delays in seeking appropriate medical intervention, increasing the risk of maternal complications and death.
Federal Medical Centre (FMC) Owerri, being a tertiary health institution in Imo State, plays a crucial role in the provision of comprehensive maternal and child health services. However, hospital records and anecdotal reports suggest that many pregnant women only attend antenatal clinics irregularly or start their visits late in the pregnancy. This trend defeats the primary objective of antenatal care, which is not only to monitor fetal development but also to identify and manage health risks in a timely manner.

Moreover, health care seeking behavior during pregnancy is not merely about the utilization of services, but encompasses when, where, how, and why women decide to seek care. It is influenced by a complex interplay of individual, socio-cultural, economic, and systemic factors. For example, studies by [7] show that even when antenatal services are free or subsidized, hidden costs such as transportation, unofficial payments, and time lost from work still act as deterrents for women. In addition, the attitude of healthcare workers and the perceived quality of care also influence whether women return for subsequent visits.

Given the importance of antenatal care in reducing maternal and neonatal morbidity and mortality, and the observed gaps in healthcare utilization, it is imperative to investigate the healthcare seeking behavior of pregnant women in this region. This study will focus specifically on pregnant women attending the antenatal clinic at FMC Owerri to understand the factors that shape their health-seeking decisions, the barriers they encounter, and the patterns of utilization. The findings will provide valuable insights for health policymakers, care providers, and stakeholders interested in improving maternal health outcomes in Imo State and beyond.

## II. RESEARCH METHODOLOGY

- Area of Study

The Federal Medical Centre, Owerri, located in Imo State, Nigeria, the facility situated within Owerri, the capital of Imo State, which shares borders with Ngor Okpala to the east, Mbaitoli to the west, Ahiazu Mbaise to the north, and Ohaji/Egbema to the south. This strategic location allows FMC Owerri to serve not only the immediate population but also patients from surrounding local government areas and neighboring states.is a tertiary healthcare institution that plays a pivotal role in the provision of specialized medical services in the region. As a federal institution, it is equipped to offer

comprehensive diagnostic, therapeutic, and rehabilitative services. Structurally, FMC Owerri features modern facilities, including specialized departments for surgery, pediatrics, internal medicine, obstetrics and gynecology, laboratory services, and radiology. These departments are complemented by outpatient clinics, emergency units, and intensive care units (ICUs), ensuring that both basic and advanced medical needs are met.

- Research Design

The study adopted a cross-sectional descriptive design where structured questionnaires were utilized to collect data. The purpose of choosing this design was to present a picture of the situation as it naturally occurred. This design allowed the researcher to look at numerous things at once as it took place at a particular spot.

- Population of the Study

The target population for this study comprised all pregnant women attending antenatal clinic services at the Federal Medical Centre (FMC) Owerri, Imo State, Nigeria. This included women at various stages of pregnancy who are officially registered for antenatal care at the facility and are available and willing to participate during the study period.

- Sample and Sample Size

The sample size for this study was determined using the Cochrans formula for sample determination, it was used because of the registration pattern of pregnant women in Federal Medical Centre to avoid bias, the formula is thus;

Where:
n = the desired sample size
Z= the Z value at the 95% reliability (1.960)
e= the acceptable sampling error (0.05)
p= max variability of the population at 50% is equal to 0.5
q = 1-p (1-0.5)

- Sampling Technique

A simple random sampling technique using balloting without replacement was employed to select participants for this study. This method ensured that every pregnant woman attending the antenatal clinic at the Federal Medical Centre (FMC) Owerri, Imo State, had an equal and independent chance of being selected. During the sampling process, eligible antenatal attendees picked slips of paper that were thoroughly mixed in a container and drawn one at a time without returning the slips after each draw (i.e., without replacement). This approach prevented repetition and enhanced the representativeness of the sample. The procedure continued until the sample size was reached. This sampling technique was not only cost-effective and straightforward but also helped to reduce sampling bias, thereby increasing the generalizability and reliability of the study findings.

- Instrument for Data Collection

For this study, data was collected using a carefully designed questionnaire composed of closed-ended questions. The instrument was divided into four sections to ensure comprehensive data collection: Section A will focus on the socio-demographic characteristics of the respondents, while Sections B, C, and D will elicit information related to the specific objectives of the study on health care seeking behavior. The questionnaire was clearly structured to enhance ease of understanding and promote accurate responses from the pregnant women attending antenatal clinics at FMC Owerri.

- Ethical Clearance

Ethical clearance for the study was obtained from the Ethical Clearance office in the Research and Publications department from Abia State University. The ethical clearance was gotten after providing them with a clear explanation of the study's purpose. Prior to participation, the respondents were fully informed and their consent will be sought. The confidentiality and anonymity of their information was strictly maintained and also communicated to the respondents. The respondents will not be coerced into participating and will have the freedom to withdraw from the study at any time if they choose to do so.

- Method for Data Collection

The researcher self-administered copies of the questionnaire to respondents in the medical institution (Federal Medical Centre), the researcher provided clarification to respondents when needed to ensure accurate completion of the questionnaire. Responses was elicited from all the eligible women after obtaining their verbal consent. Data collection was also estimated to span for one month.

- Method of Data Analysis

The data collected was processed using SPSS 20.0 and analyzed using frequency distribution tables and percentages and charts.

## III. RESULTS

Table 1: Socio-Demographic Characteristics of Respondents

| Variable | Options | Frequency (n) | Percentage (%) |
|---|---|---|---|
| 1. Age | 15–24 years | 96 | 25.0% |
| | 25–34 years | 144 | 37.5% |
| | 35–44 years | 96 | 25.0% |
| | 45–49 years | 48 | 12.5% |
| 2. Education | Primary | 45 | 11.7% |
| | Secondary | 120 | 31.3% |
| | Tertiary | 192 | 50.0% |
| | Others | 27 | 7.0% |
| 3. Occupation | Civil servant | 96 | 25.0% |
| | Businesswoman | 84 | 21.9% |
| | Student | 108 | 28.1% |
| | Housewife | 72 | 18.8% |
| | Others | 24 | 6.2% |
| 4. Marital Status | Married | 192 | 50.0% |
| | Single | 108 | 28.1% |
| | Divorced | 48 | 12.5% |
| | Widowed | 36 | 9.4% |
| 5. Monthly Income | < ₦50,000 | 90 | 23.4% |
| | ₦50,000–₦100,000 | 108 | 28.1% |
| | ₦100,001–₦200,000 | 114 | 29.7% |
| | > ₦200,000 | 72 | 18.8% |

The socio-demographic characteristics of the respondents revealed a diverse distribution across age groups. A majority of the participants, 144 (37.5%), were within the age range of 25 to 34 years, indicating that most respondents were in their reproductive prime.

In terms of educational attainment, half of the respondents, 192 (50.0%), reported having tertiary education, reflecting a relatively high level of formal education among the study population.

Students made up the largest occupational group with 108 respondents (28.1%), followed by housewives at 18.8% (72 respondents).

Regarding marital status, half of the respondents, 192 (50.0%), were married, which may influence perspectives on fertility and reproductive health.
Lastly, analysis of monthly income levels showed a near even spread across income brackets. The highest proportion, 114 respondents (29.7%), earned between ₦100,001 and ₦200,000 monthly.

Table 2: Antenatal Care Seeking Behavior

| Variable | Options | Frequency (n) | Percentage (%) |
|---|---|---|---|
| Number of Antenatal Visits | Less than 4 times | 60 | 15.6% |
| | 4–6 times | 138 | 35.9% |
| | More than 6 times | 186 | 48.4% |
| Stage of Pregnancy Antenatal Care Began | First trimester (< 12 weeks) | 162 | 42.2% |
| | Second trimester (13–26 | 168 | 43.8% |

| | | | |
|---|---|---|---|
| | weeks) | | |
| | Third trimester (27–40 weeks) | 54 | 14.1% |
| Motivation for Antenatal Care | Health education | 132 | 34.4% |
| | Family support | 90 | 23.4% |
| | Personal decision | 138 | 35.9% |
| | Others | 24 | 6.3% |
| Companion to Antenatal Visits | Husband/partner | 144 | 37.5% |
| | Mother/mother-in-law | 60 | 15.6% |
| | Friend/relative | 96 | 25.0% |
| | Alone | 84 | 21.9% |
| Services Received During ANC *(Multiple choice; may exceed total)* | Blood pressure check | 342 | 89.1% |
| | Urine test | 294 | 76.6% |
| | Blood test | 276 | 71.9% |
| | Ultrasound scan | 264 | 68.8% |
| | Health education | 300 | 78.1% |
| | Others | 84 | 21.9% |

The analysis of antenatal care (ANC) utilization among respondents reveals varying patterns in both attendance and timing. Regarding the number of ANC visits during pregnancy, nearly half of the women, 186 (48.4%), reported attending antenatal care more than six times, indicating strong adherence to recommended healthcare protocols.

Concerning the stage of pregnancy at which ANC began, 168 respondents (43.8%) commenced their visits during the second trimester, followed closely by 162 women (42.2%) who began in the first trimester.

When asked about the primary motivation behind attending ANC, a plurality of respondents, 138 (35.9%), indicated that the decision was self-driven. Meanwhile, 132 women (34.4%) were encouraged by the health education they received, emphasizing the value of informed care-seeking

In terms of companionship to ANC visits, 144 women (37.5%) were accompanied by their husbands or partners, highlighting male involvement in maternal health.

Regarding services received during antenatal care (noting that multiple responses were permitted), the most commonly accessed service was blood pressure monitoring, received by 342 women (89.1%). Health education was also widely received by 300 respondents (78.1%).

Table 3: Health Care Seeking Behavior

| Variable | Options | Frequency (n) | Percentage (%) |
|---|---|---|---|
| Place of Last Delivery | Federal Medical Centre Owerri | 156 | 40.6% |
| | Private hospital | 102 | 26.6% |
| | Traditional birth attendant | 78 | 20.3% |
| | Home delivery | 48 | 12.5% |
| Delivery Assistance | Doctor | 138 | 35.9% |
| | Nurse | 114 | 29.7% |
| | Traditional birth attendant | 90 | 23.4% |
| | Family member | 42 | 10.9% |
| Factors | Proximity | 204 | 53.1% |

| | | | |
|---|---|---|---|
| Influencing Delivery Location *(Multiple choice)* | to healthcare facility | | |
| | Quality of care | 192 | 50.0% |
| | Cost of services | 150 | 39.1% |
| | Family influence | 108 | 28.1% |
| | Others | 36 | 9.4% |
| Satisfaction with Delivery Care Services | Very satisfied | 120 | 31.3% |
| | Satisfied | 144 | 37.5% |
| | Neutral | 60 | 15.6% |
| | Dissatisfied | 30 | 7.8% |
| | Very dissatisfied | 18 | 4.7% |
| | Not applicable | 12 | 3.1% |

Findings on the place of last delivery among respondents show that the majority, 156 women (40.6%), delivered at the Federal Medical Centre Owerri, indicating a preference for public tertiary healthcare facilities, likely due to perceived reliability and access to skilled care. This was followed by 102 respondents (26.6%) who delivered in private hospitals, suggesting a significant reliance on private health providers.

In terms of delivery assistance, 138 respondents (35.9%) were attended to by doctors, representing the largest group and underscoring the involvement of skilled medical personnel. Nurses assisted 114 women (29.7%), while traditional birth attendants provided assistance for 90 deliveries (23.4%), which may suggest limited access to formal care in some cases.

When exploring the factors that influenced the choice of delivery location, proximity to a healthcare facility emerged as the most cited reason, reported by 204 respondents (53.1%). This highlights the importance of location accessibility in healthcare decisions.

Regarding satisfaction with delivery care services, the most of participants reported positive experiences: 120 respondents (31.3%) were very satisfied, and another 144 (37.5%) were satisfied.

Table 4: Influence of Socio-Demographic Characteristics on Health Seeking Behaviours

| Variable | Options | Frequency (n) | Percentage (%) |
|---|---|---|---|
| 1. Place of Antenatal Care | Federal Medical Centre Owerri | 174 | 45.3% |
| | Private hospital | 108 | 28.1% |
| | Traditional birth attendant | 66 | 17.2% |
| | Others | 36 | 9.4% |
| 2. Frequency of Antenatal Attendance | Less than 4 times | 60 | 15.6% |
| | 4-6 times | 168 | 43.8% |
| | More than 6 times | 156 | 40.6% |
| 3. Motivation to Seek Antenatal Care | Health education | 132 | 34.4% |
| | Family support | 96 | 25.0% |
| | Personal decision | 120 | 31.3% |
| | Others | 36 | 9.4% |

The findings on the place of antenatal care reveal that a significant proportion of respondents, 174 women (45.3%), received antenatal services at the Federal Medical Centre Owerri. This suggests a strong trust in public tertiary healthcare institutions, likely due to availability of skilled professionals and comprehensive services.

In terms of frequency of antenatal attendance, 168 respondents (43.8%) reported attending between four to six times, aligning with the WHO recommendation for a minimum number of visits to monitor maternal and fetal health.

As for motivation to seek antenatal care, health education was the most cited driver, reported by 132 respondents (34.4%). This underscores the importance of community awareness and information dissemination in promoting health-seeking behavior.

## IV. DISCUSSION, CONCLUSION AND RECOMMENDATIONS

- Discussion

The socio-demographic characteristics of the study participants revealed a predominantly young adult population, with the majority (37.5%) aged 25 to 34 years, a group widely recognized as being in their reproductive peak. Equal proportions of respondents (25.0%) were aged 15 to 24 and 35 to 44 years, while only 12.5% were within the 45 to 49 age group, reflecting a lower fertility engagement among older women. According to [19], this age-based concentration is consistent with reproductive health studies in Southern Nigeria, where younger adults formed the bulk of maternal health users.

In terms of educational status, exactly half of the respondents (50.0%) attained tertiary education, which underscores a commendable level of formal education among the population. Secondary and primary education was reported by 31.3% and 11.7% of participants respectively, while only 7.0% had other forms of education, such as vocational or informal training. Similarly, a study by [18] in urban Rivers State noted a high representation of tertiary-educated women in reproductive health surveys, linking this to greater access to maternal health information and services.

The occupational distribution was varied, with students forming the largest subgroup at 28.1%, followed by civil servants (25.0%), businesswomen (21.9%), and housewives (18.8%). Others (6.2%) were engaged in unspecified occupations. This occupational diversity is reflective of a semi-urban population and mirrors the findings of [6], who reported a similar spread among women attending antenatal clinics in southeastern Nigeria.

Marital status analysis indicated that half (50.0%) of the respondents were married, while singles comprised 28.1%. Divorced and widowed individuals constituted 12.5% and 9.4% respectively, indicating that marital experiences may shape healthcare utilization. According to [13], marital status strongly influences antenatal care-seeking behavior, with married women more likely to attend regularly due to spousal support.

Lastly, income data showed that 29.7% earned between ₦100,001 and ₦200,000, and 28.1% earned ₦50,000–₦100,000. Those earning less than ₦50,000 represented 23.4%, while 18.8% reported earnings above ₦200,000. This relatively balanced income distribution aligns with findings from [15], who noted that income variability significantly influences access to and quality of maternal health services among women in South-South Nigeria.

Research Question 1: What are the respondents' patterns of antenatal care-seeking behavior?

The analysis of antenatal care (ANC) utilization among respondents reveals significant adherence to recommended maternal health practices with some variations. Nearly half of the women (48.4%, n=186) reported attending more than six ANC visits, reflecting strong compliance with antenatal guidelines. Additionally, 35.9% (n=138) attended between four and six visits, while a smaller proportion of 15.6% (n=60) had fewer than four visits, highlighting a need for enhanced early and regular ANC attendance. According to [17], frequent ANC visits are strongly associated with improved maternal and neonatal outcomes, underscoring the importance of promoting consistent attendance.

Regarding the timing of ANC initiation, 43.8% (n=168) began care during the second trimester, closely followed by 42.2% (n=162) who initiated visits in the first trimester, which is ideal for early detection and management of pregnancy-related risks. However, 14.1% (n=54) started in the third

trimester, which is considered late and may limit the effectiveness of ANC interventions. Similarly, a study by [16] found that early ANC initiation in the first trimester is linked with better pregnancy outcomes, yet late starters remain a challenge in many low- and middle-income settings.

Motivations for seeking ANC varied, with 35.9% (n=138) of respondents attributing their attendance to personal decision-making, indicating autonomy in health choices. Health education influenced 34.4% (n=132), emphasizing the critical role of information dissemination in encouraging care-seeking behavior. Family support motivated 23.4% (n=90), while 6.3% (n=24) cited other reasons such as healthcare provider advice or community programs. This pattern aligns with findings from [10], who highlighted that personal agency and health education are key drivers of ANC utilization.

Companionship during ANC visits varied; 37.5% (n=144) were accompanied by husbands or partners, indicating positive male involvement which has been shown to improve maternal health outcomes [5]. Friends or relatives accompanied 25.0% (n=96), mothers or mothers-in-law 15.6% (n=60), while 21.9% (n=84) attended alone, which could reflect independence or limited social support. This finding resonates with studies that show male partner involvement enhances support for maternal care but social dynamics can influence accompaniment patterns [3].

Regarding services received during ANC, blood pressure checks were the most common, accessed by 89.1% (n=342) of women, reflecting the importance of monitoring hypertensive disorders in pregnancy. Health education was received by 78.1% (n=300), urine tests by 76.6% (n=294), blood tests by 71.9% (n=276), and ultrasound scans by 68.8% (n=264), demonstrating a comprehensive range of ANC services. Additionally, 21.9% (n=84) reported receiving other unspecified services, suggesting variability in care based on facility or individual needs. Similarly, a study by [9] reported high utilization of core ANC services but noted disparities in access to advanced diagnostics like ultrasound.

Research Question 2: What are the respondents' patterns of health care-seeking behavior?

The findings on the place of last delivery among respondents highlight a predominant preference for formal health facilities, with 40.6% (n=156) delivering at the Federal Medical Centre Owerri, reflecting trust in tertiary public healthcare services likely due to their perceived quality and skilled personnel availability. This aligns with similar observations by [2], who noted that tertiary centers in Nigeria are often preferred for delivery because of advanced emergency obstetric care capacity. Private hospitals accounted for 26.6% (n=102) of deliveries, indicating substantial reliance on private sector services, which has been similarly reported by [1] in urban Nigerian settings where private providers fill gaps in public health service delivery.

Despite this inclination toward formal facilities, 20.3% (n=78) delivered with traditional birth attendants (TBAs), and 12.5% (n=48) had home deliveries, underscoring the persistent influence of traditional practices and socio-economic barriers in delivery choices. This phenomenon echoes the findings of [17], who emphasized that cultural beliefs, affordability, and limited access to facilities contribute to continued use of TBAs in rural and peri-urban communities.

Regarding delivery assistance, 35.9% (n=138) of women were attended by doctors, the largest group, underscoring the availability and utilization of skilled medical personnel in delivery care. Nurses attended 29.7% (n=114), while TBAs assisted in 23.4% (n=90) of deliveries, suggesting that unskilled or semi-skilled attendants still play a significant role, particularly where formal healthcare access is limited. Family members assisted in 10.9% (n=42) of deliveries, which raises concerns due to potential risks associated with untrained birth attendants. According to [8], reliance on family members or TBAs may increase maternal and neonatal complications, emphasizing the need for targeted community education and health system strengthening.

Proximity to a healthcare facility was the most influential factor determining delivery location for 53.1% (n=204) of respondents, demonstrating the critical role of geographic accessibility in health-

seeking behavior. Quality of care influenced 50.0% (n=192), while cost considerations affected 39.1% (n=150), highlighting the interplay between access, perceived service quality, and affordability in delivery choices. Family influence was a factor for 28.1% (n=108), pointing to the role of social and cultural dynamics in decision-making. Similar trends were reported by [12], who found that proximity and quality were key determinants for facility delivery in southeastern Nigeria.

Finally, satisfaction with delivery care was generally high, with 31.3% (n=120) very satisfied and 37.5% (n=144) satisfied, indicating overall positive experiences with maternal health services. Nonetheless, 7.8% (n=30) expressed dissatisfaction and 4.7% (n=18) were very dissatisfied, reflecting areas needing improvement in care quality or service delivery. Neutral responses (15.6%, n=60) might reflect moderate or inconsistent service quality. This pattern resonates with findings from [6], who reported high maternal satisfaction in Nigerian tertiary hospitals but noted gaps related to wait times and staff attitudes.

Research Question 3: What is the influence of socio-demographic characteristics on the health seeking behaviors?

The findings on the place of last delivery among respondents reveal a clear preference for formal healthcare facilities, with 40.6% delivering at the Federal Medical Centre Owerri, suggesting trust in public tertiary institutions known for skilled personnel and comprehensive care. This trend aligns with similar research by [2], who reported that tertiary centers in Nigeria are favored for childbirth due to their advanced obstetric services. Private hospitals also accounted for a substantial proportion (26.6%), reflecting a growing reliance on private healthcare, which is consistent with findings by [1], highlighting the increasing role of private providers in urban Nigerian healthcare.

Despite these preferences, 20.3% of deliveries with traditional birth attendants (TBAs) and 12.5% home deliveries underscore the continued influence of cultural practices and socioeconomic barriers in some communities. This persistence of traditional birth settings resonates with [17], who emphasized that cultural beliefs, financial constraints, and limited facility access contribute to the use of TBAs in many Nigerian regions.

Regarding delivery assistance, 35.9% of women were attended by doctors, emphasizing the availability of skilled medical care, while nurses assisted in 29.7% of deliveries. Notably, TBAs attended 23.4% of births, indicating ongoing reliance on semi-skilled or unskilled attendants where formal care access is restricted. Family members assisted in 10.9% of deliveries, which raises concerns about the safety of childbirth assistance without professional training. [8] noted that non-professional delivery assistance can increase maternal and neonatal risks, highlighting the need for community education and health system strengthening.

Accessibility played a critical role in delivery location decisions, with 53.1% citing proximity to healthcare facilities, confirming the importance of geographic access as noted by [12]. Quality of care was also influential (50.0%), followed by cost considerations (39.1%), and family influence (28.1%), demonstrating how service attributes and socio-cultural factors combine to shape delivery choices.

Finally, satisfaction with delivery services was largely positive: 31.3% very satisfied and 37.5% satisfied, though 7.8% were dissatisfied and 4.7% very dissatisfied, indicating areas needing improvement. These satisfaction levels are in line with [6], who found overall maternal satisfaction in Nigerian tertiary hospitals but noted concerns about staff attitude and wait times.

## CONCLUSION

In conclusion, the study highlights a predominant preference among women for delivering in formal healthcare facilities, particularly tertiary centers like the Federal Medical Centre Owerri, underscoring the perceived quality and availability of skilled care in these settings. Nonetheless, a notable proportion of deliveries still occur at home or with traditional birth attendants, reflecting enduring cultural influences and potential barriers related to accessibility and cost.

The significant role of proximity, quality of care, and affordability in determining delivery location emphasizes the need for policies that improve geographic access and affordability of maternal health services. While overall satisfaction with delivery care was generally positive, the presence of dissatisfaction among some respondents indicates ongoing challenges in service delivery that warrant attention. These findings underscore the importance of strengthening health systems, promoting skilled birth attendance, and addressing socio-cultural and economic factors to improve maternal health outcomes in the region.

## RECOMMENDATIONS

Based on the findings of the study, the following recommendations are proposed to enhance maternal healthcare service utilization and outcomes:

Strengthen Access to Quality Maternal Health Services: Government and health agencies should invest in improving the availability and accessibility of skilled maternal health services, particularly in underserved areas. This includes establishing more primary health centers and equipping existing facilities with necessary infrastructure and trained personnel.

Subsidize Maternal Health Services: To address the barrier of cost, especially for low-income women, there should be policies to subsidize or fully cover antenatal and delivery services through public health insurance schemes or targeted maternal health programs.

Promote Health Education and Awareness Campaigns: Community-based health education initiatives should be intensified to encourage early antenatal registration, increase awareness of the benefits of skilled delivery, and dispel myths around traditional birth practices.

Encourage Male Involvement in Maternal Health: Since family and partner support influence care-seeking behavior, strategies should be developed to involve men in maternal healthcare, including partner education and inclusive ANC programs.

Enhance Monitoring and Quality Assurance: Periodic assessments and quality assurance programs should be implemented to monitor service delivery and ensure patient satisfaction. Feedback mechanisms from clients should be adopted to continually improve care experiences.

Cultural Sensitivity in Service Delivery: Health workers should be trained to provide culturally sensitive care that respects patients' beliefs while guiding them towards evidence-based practices, thereby increasing trust and service uptake.

Strengthen Community Health Worker Programs: Community health workers can be instrumental in mobilizing women, providing follow-up, and offering health education at the grassroots level, especially for women who opt for home deliveries or traditional care.

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