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Empowering Maternal Healthcare Services: Through Knowledge and Utilization Among Women in Benue South Senatorial District, Nigeria

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A B S T R A C T

Enhancing women health through Among women of reproductive age in sub-Saharan Africa, especially Nigeria, the use of maternal health care services has been problematic and may have a detrimental impact on pregnancy outcomes. The purpose of this study is to evaluate how women's knowledge of maternity healthcare services in Benue South Senatorial District is influenced by social and psychological factors. A cross-sectional survey design was used in the investigation. The study included 400 respondents, 400 (100%) of whom were female and ranged in age from 15 to 49 (means age 14.3, SD 7.6). Data was collected using a key interview guide (kI) and a questionnaire. In statistical analysis, data was analyzed using Chi-Square and content analysis. To make the analysis easier, the Statistical Package for Social Sciences (SPSS) version 26.0 was used. The study's results demonstrated that most participants were aware of maternal healthcare services, such as prenatal care, delivery care, and postnatal care services, with mean scores of 2.68, 2.79, and 2.38, respectively, and all above average scaled mean scores of 2.0. employing the three-point Likert scale. According to the study, more should be done to inform women about the importance of maternal health by the Nigerian government, philanthropists, non-governmental organizations, community health workers, medical sociologists, clinical psychologists, clinicians, and religious leaders. care services, and the necessity of increasing their use

INTRODUCTION

The rate of Maternal deaths among pregnant women is alarming especially in developing countries in the rural areas. According to World Health Organization (2017) revealed that Sub-Sahara About 86% (254,000) of the estimated global maternal deaths occurred on the continents of Africa and Southern Asia, while Southern Asia accounted for almost one-fifth (58,000) and Sub-Saharan Africa alone for about two-thirds (196,000), with Nigeria accounting for 23% of these deaths (World Health Organization, 2019).

The incidence of these deaths could be linked with social and psychological factors which form a barriers for allowing reproductive pregnant women to utilize appropriate maternal health care service. One of the factors that can affect maternal health care services among pregnant women is social factors. This factor include socioeconomic status, gender role and cultural practices. Sociaeconomic status such as income, education, employment and housing conditions intricately interlace with access to prenatal care and consequence for maternal health. Another element that may influence the outcome of maternal health care for expectant mothers is psychological. These include depression and anxiety, which are significant variables that can impact both the mother's and the unborn child's mental health. Additional factors contributing to psychological anguish include aging, lack of formal education, history of abortion, abuse from intimate partners, and a lack of social support. could also affect the mother cognitive and behavioral issues.

Maternal health care services is a crucial indicator that enhance quality of health, livability and development of a nation. Globally a lot of attention is being given to maternal health due to critical role it plays in survival individuals' families and groups in the society. By ensuring that expectant mothers maintain their health during their pregnancy, give birth safely, have healthy kids, and fully recover from the physiological and psychological changes that occur during pregnancy, maternal healthcare services seek to lower maternal mortality and morbidity. This is due to the important duties that women play in childbearing, raising children, and managing the entire family, particularly in the event of a death or incapacitation disaster.

An estimated 303,000 women worldwide passed away in 2015 from causes related to pregnancy or delivery, that is about 830 women died around the world every day (UNFPA, 2023) and in 2017 about Approximately 810 women died from pregnancy and childbirth-related causes out of 295 000 women who died during and after pregnancy and delivery (WHO, 2019).

Numerous international initiatives aimed at lowering maternal mortality and improving women's survival throughout pregnancy and beyond have been prompted by the burden of maternal deaths over the years. The Safe Motherhood Conference, which took place in Nairobi in February 1987, was the first attempt to improve maternal health care, which highlighted the global problem of maternal deaths and demanded that maternal mortality be cut in half within ten years. The conference's participating member states agreed to improve maternal health care by offering prenatal care, family planning, trained delivery help, and subsidized access to antenatal care services (WHO, 2005, WHO et al, 2010, WHO

2015). Additional events such as the International Conference on Population and Development and the Fourth World Conference on Women in 1995, and the World Summit for Children in 1990 all called for more attention to be given to maternal health. In the year 2000 a millennium summit was held to address the challenge of maternal health and the summit articulated the Millennium Development Goal (MDG), which aimed to achieve universal access to reproductive health by 2015 and lower the maternal mortality ratio between 1990 and 2015. The Sustainable Development Goals (SDG) were later developed, with goal 3 emphasizing the health and well-being of women and children. It particularly calls for a decrease in maternal mortality to less than 70 per 100,000 live births. In Benue State in particular,the maternal mortality ratio is reported to be very high with 1,189 deaths per 100,000 (Bola, Ujoh, Ukah & Lett, 2021). This is an indication that women who become pregnant in Benue State remain at high risk of maternal mortality or morbidities and women in the rural areas may be more at risk because rural communities are usually placed at disadvantage when it comes to structural development as well as provision of basic essential healthcare services that could help improve their health conditions including maternal health.Benue state was one of the states that benefited from most of the maternal health care programmes and interventions but the rate of Maternal morbidity and death have remained elevated. For example, a cohort research conducted by Bola, Ujoh, Ukah, and Lett (2022) estimated that 21.5% of women in Benue State were at risk of maternal mortality or morbidity. This is an indication of increased negative pregnancy outcomes in the State. Others factors such as social and psychological could be responsible. In light of this, the study's objective was to evaluate how maternal healthcare services knowledge and awareness affected pregnancy outcomes in Benue South Senatorial District. to see if it will be feasible.

Theoretical Framework

Theory of Reasoned Action (TRA)

Ajzen and Fishbein created the Theory of Reasoned Action (TRA) in 1967 (Ajzen, 1967). The idea seeks to clarify how attitudes and behaviors relate to one another in human behavior. The theory's fundamental premise is that intention predicts behavior, and behavior is influenced by a person's subjective norm and attitude toward the behavior. The main goal of the TRA, according to Braxter, Cha, and Kevin (2011), is to comprehend a person's voluntary behavior by looking at the fundamental reasons behind an activity.

This theory asserts that the primary indicator of whether or not someone will carry out a behavior is their intention to do so (Glanz, Rimer, Barbara & Viswanath, 2015). and intentions are influenced by subjective norms and attitudes about actions (Colman, 2015). According to Fishbein (1980), attitude is a cognitive variant that is assessed using the expected likelihood of outcomes and their values. Individuals create normative views about what constitutes appropriate behavior, and these beliefs influence how people perceive the action and whether they intend to engage in it (Fishbein & Ajzen, 1975). According to this study's application of the Theory of Reasoned Action, women's attitudes, intentions, and subjective community norms may all have an impact on how

often they use maternal health care services in Benue South. If the prevailing norms in their community are such that they view maternal health care services favorably, even when those services are made available to them, then their attitudes toward using them are probably going to be good. Utilization of maternal services may be high if they are thought to be beneficial, but it may be low if the community believes that they have detrimental effects, Because women may have a negative attitude toward community services, utilization may be low. They could think it will have unfavorable effects. A woman's intention to use maternal health care services in her community is stronger and her perceived behavioral control is higher when her attitude about these services is more positive and based on the subjective norm in her community.

The theory of Reasoned Action is important for this study and has made significant contributions. However, the theory has some limitations and hence been criticized. The theory may not be able to predict attitude and behavior that require access to certain opportunities which may not be available to individuals. For instance, if maternal services are not available for women in communities and women are also not aware of the existence of such services, it will become difficult to predict how behaviors and attitudes towards such services would be. The social cognitive theory will therefore be reviewed to cover some limitation of theory.

LITERATURE REVIEW

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period and maternal health care services are antenatal care (ANC), delivery care and postnatal PNC care services. The WHO defines maternal health as a mother's overall health during pregnancy, childbirth, and the postpartum period (WHO, 2010). Family planning, preconception, prenatal care, and postnatal care are all aspects of maternal health (Tinuola, 2011). The idea of maternal health is not just for moms or women who are of childbearing age. It acknowledges that adolescents have unique health requirements since they develop sexual and reproductive abilities before they have finished preparing socially for adulthood. It acknowledges that mature women who are past childbearing age still have significant reproductive health demands, which they continue to have even after their ovarian function stops.
World Health Organization (2017) identified the components of The health of women prior to, during, and after pregnancy, as well as during childbirth, is referred to as maternal health.

- The parents' general health and lifestyle decisions prior to pregnancy might have an impact on fertility, maternal health, and the likelihood that their unborn child would experience chronic illnesses in the future. Pregnant women should be evaluated for potential health issues, which must be recognized and treated. Excellent prenatal care is crucial during pregnancy to guarantee both a healthy pregnancy and a smooth transition to labor and delivery for both mother and child. Pregnant parents should receive education and basic, easily understood health care information as part of their services.

• One of the top concerns during delivery is providing mothers and their newborns with high-quality, evidence-based obstetric and neonatal care in order to minimize illness and mortality.

• In the postpartum period, it is critical to monitor maternal and newborn health as the risk of death is higher during the first week postpartum for both. The risk of death and sequelae is decreased by early symptom detection and treatment. Because maternal health care services can save the lives of millions of women in their reproductive years, it has become a global priority. Maternal mortality is still high in the majority of developing nations, despite efforts to improve maternal health care services. 810 women worldwide lose their lives every day, and low- and lower-middle-income countries account for 94% of all maternal fatalities (WHO, 2019). Uya (2018) states that while there are numerous contributing causes to maternal mortality, the three main ones are bleeding, especially postpartum hemorrhage, sepsis, and hypertension.

Maternal Healthcare Services (MHS)

Maternal healthcare services are planned services that are offered to meet the health requirements of women who are fertile throughout their pregnancies, deliveries, and postpartum periods. Healthcare for mothers Among the services provided are prenatal care (ANC), delivery care, and postnatal care (PNC) (WHO, 2016). Pregnant women who receive these services are guaranteed to stay healthy during their pregnancy, birth, and postpartum period. It comprises evaluating and tracking the woman's health and the course of her pregnancy, offering suitable preventive measures such as iron and folic acid nutritional supplements, tetanus, vaccination, and malaria prophylaxis, giving expectant mothers pertinent medical information, and ensuring they have access to emergency obstetric care. (Gills, 2003).

According to Olayinka et al. (2013), health care delivery is the means by which maternal healthcare services are rendered. The federal, state, and local governments own a variety of hospitals and clinics that offer healthcare services. The provision of services for women's well-being is guaranteed by maternal healthcare. The World Bank (2010) states that this includes better access to family planning or the use of contraceptives, among other maternal healthcare services such as skilled birth attendance, emergency obstetric care, and postnatal care for mothers and newborns.

Pregnancy Outcomes

Pregnancy Outcomes; pregnancy outcomes are Sex ratio, birth weight, spontaneous abortion, congenital abnormalities, lower birth weight, preeclampsia, cesarean delivery, preterm delivery, stillbirth, and live birth are examples of outcomes of conception and the resulting pregnancy. The results of pregnancy could be either positive or negative. A miscarriage, stillbirth, or premature birth are examples of negative pregnancy outcomes, whereas a live birth is considered a positive pregnancy outcome. Live birth (full term or preterm birth), stillbirth, miscarriage, spontaneous abortion, and induced abortion are among the various pregnancy outcomes (WHO, 2010). A live birth in human reproduction happens when a fetus, regardless of gestational age, leaves the mother's body and then exhibits any life-related behavior, such

voluntary movement, pulsation, or heartbeat. On the other side, a stillbirth occurs when a baby dies or is lost before or during delivery. While stillbirth and miscarriage both refer to pregnancy loss, they differ in the timing of the loss. Miscarriage is the unexpected or spontaneous removal of a fetus from the womb before it is capable of supporting itself. The availability of maternal health care has a significant impact on the outcome of a pregnancy.

Services

Compared to their counterparts in industrialized nations, pregnant women in developing nations are more likely to die from pregnancy-related problems. This is partially because they adhere to cultural customs that are neither illness prevention nor health promotion. Even though they are responsible for a significant percentage of high-risk pregnancies that end in death, the rural and urban slum populations are disenfranchised due to the inadequate health system, which exacerbates this situation. It is noteworthy that basic, low-cost, and high-impact MHS components could save over 80% of all these deaths (WHO, UNICEF, UNFPA, & World Bank, 2010).

In sub-Saharan African, the risk of maternal mortality over a woman's 35 fertility years is 139 times greater than the risk faced by the average woman in a developed country (WHO et al., 2010). For instance, worldwide, a woman has a 1 in 140 chance of dying during her pregnancy and from complications associated with it. However, it is 1 in 4300 for women in rich nations, 1 in 34 in 31 for women in sub-Saharan African underdeveloped nations, 1 in 110 for Oceania, 1 in 120 for the Middle East and North Africa, and 1 in 120 for South Asia (WHO et al., 2010). This is mostly due to disparities in social, cultural, and political development, which always reflect women's position, pregnant women's health-seeking behavior, and the distribution and quality of obstetric services.

Each time a woman becomes pregnant, the danger of dying varies by region in underdeveloped nations. In sub-Saharan Africa, for example, the lifetime risk of maternal death ranges from 1 in 14 (Somali) to 1 in 1600 (Mauritius), with less than 1 in 200 people dying during pregnancy and puberty in 85% of the nations in the region. Only Chad (1 in 14), Somalia (1 in 14), Niger Republic (1 in 16), Guinea Bissau (1 in 18), Liberia (1 in 20), Sierra Leone (1 in 21), and Mali (1 in 22) have a higher risk than Nigeria (1 in 23). Afghanistan's women have the highest risk ratio (1 in 11). Australia and Ireland have a risk of 1 in 17,800, while Greece has the lowest risk of 1 in 31,800 (WHO et al., 2010). Accordingly, the only population health measure that shows a significant difference between industrialized and developing nations is maternal mortality (Abouzahr, Wardlaw, Stanton, & Kenneth, 1996; Mahler, 1987; Rosenfield, 1989). Maternal mortality estimates, however, have been considered to be unsuitable for assessing the efficacy of MHS since they are influenced by social, cultural, and political issues that are typically outside the scope of an individual's biological makeup (Sovana-ventura & Greech, 1987). In the context of the "3D Model," this line of reasoning makes sense because the effectiveness of MHS falls under the third form of delay. The effectiveness or efficiency of MHS might have been undermined by the first and second types of delay particularly when 35 The

number of maternal deaths rises because obstetric cases arrive at hospitals in moribund situations and deaths happen within an hour of admission.

One of the best strategies to encourage a healthy birth is to have a good pregnancy. The likelihood of a healthy pregnancy increases with early and consistent prenatal care. By visiting a healthcare practitioner for pre-pregnancy care, this treatment can start even before becoming pregnant.. Maternal health services commonly available by the clients in the facilities include: Ante-Natal Care, Delivery and Post Natal Care services.

Prenatal/Pre-Pregnancy care: Actually, it's ideal to consult a doctor before becoming pregnant; this is frequently referred to as preconception planning or pre-pregnancy care. However, start prenatal checkups as soon as you can if that isn't feasible. A key component of maintaining good health during pregnancy is prenatal care. A physical examination and a body weight check are typically part of prenatal appointments to a healthcare professional. Antenatal Care

The care that pregnant women receive during pregnancy, known as antenatal care (ANC), is a special chance to give them a tetanus vaccination, a bed net treated with insecticide to prevent malaria, anemia screenings, enrollment in PMTCT (prevention of mother to child transmission of HIV), counseling for a safe delivery, and other things that help ensure that the mother stays healthy during childbirth and gives her child the best start in life (WHO, 2010, Molla, 2011). According to Mehari (2012), it is a component of the main healthcare services for expectant mothers and fetal treatment. For a typical pregnancy, the World Health Organization (WHO, 2010) recommends at least four prenatal visits, each lasting at least 20 minutes is required to reach the ANC crucial level.

Prenatal care is crucial for enhancing maternal health, not just by itself but also via encouraging women to use other services such as institutional delivery and advice on pregnancy or delivery complications. ANC motivate pregnant woman facing any pregnancy difficulty in getting help for her issues. The likelihood of giving birth in an institution does vary according on the level of ANC use. According to a research conducted in rural Nigeria, women who use ANC often are three times more likely to give birth in an institution than those who do not. (Dahiru & Oche, 2015).

Postnatal Care

Postnatal care (PNC) is the medical treatment given to both the mother and the newborn after delivery. The first 42 days following delivery is known as the postnatal phase (Mehari, 2012). The first 24 to 48 hours following birth are the most dangerous for both the mother and the newborn. Consequently, it is crucial to provide postnatal care (PNC) to new moms at this time (UNICEF, 2019). It is evident that enhancing mother and child health requires more than just encouraging antenatal care (ANC) and competent attendance at delivery. It has been suggested for a while that strategies that support universal access to postnatal care (PNC) could help reduce maternal and newborn mortality over time.Abhishek S, 2001).

Knowledge of maternal healthcare services

Knowledge of maternal health services is important for the improvement of maternal health however while various services may be available at health care centres lack of knowledge of such services can affect utilization by community members. Knowledge is therefore necessary for optimal maternal health car services utilization and thus enhance positive pregnancy outcomes among women of reproductive age. A study carried out in Iran by Mirzaee and Taghi (2015) on Maternal education regarding postpartum care in Mashhad's medical facilities showed that new moms can effectively navigate the crucial postpartum phase if they have knowledge regarding postnatal care. Another study carried out by Jat, Ng, and San (2011) on the other hand revealed that use of ANC increases the likelihood of skilled attendance at delivery and this later increases the utilization of postnatal care.

The findings of the study conducted by Singh, Neogi, Hazra, Irani, Ruducha and Ahmadetal (2019) revealed low use of maternal health services by the research participants. This study observed that Because a field-level health worker gave advice to women who had contact with health workers, contact with a health professional and marginalization were linked to service utilization. Women who interact with health professionals less frequently may consequently be less aware of the value of maternal health care services, which could result in low use. Nearly all of the participants in earlier research conducted by Sarkar, Konwar, and Das (2014) on the assessment of postpartum mothers' knowledge and practice about postnatal care were aware of some component of postnatal care. Conversely, other research has demonstrated that women lack adequate postpartum care knowledge. (Mohamadirizi, Bahrami & Moradi 2015;Feyisso,&Addisu, 2016).

In Nigeria, a study carried out by Adedokun and Uthman (2019) revealed that 92% of women who do not attend antenatal during pregnancy do not utilize health service for delivery. It could be that such women do not even have knowledge on such services. According to a report by the United Nations (UN, 2012), A pregnant woman has a higher risk of maternal death when she does not schedule prenatal care or gives birth in a medical facility. She also loses out on the advantages of active labor management, Emergency Obstetrics Care (EOC), and puerperal period management. Therefore, awareness of and use of maternal health care are important for the health of the mothers.

Another study on maternal health awareness and attitudes in Northern Nigeria's Kaduna State In rural Zaria, Butawa, Tukur, Idris, Adiri, and Taylor (2010) investigated how people perceived mothers' health and knowledge of health services. It was discovered that maternal health was extremely low, and that low education seems to restrict the best use of maternal health services in the study area. Therefore, better understanding and instruction about maternal health care is a crucial prerequisite for the best possible use of these services; without it, service utilization will remain low and have negative effects on maternal health and pregnancy outcomes. Onasoga, Osaji, Alade, and Egbuniwe (2014) conducted a different study on awareness and barriers to using maternal health care services in the Amassoma community of Bayelsa State. They found

that while most respondents (94.8%) had heard of maternal health services, few actually knew the primary services offered at maternal health facilities. The research also pointed out that even while maternal health services are widely known, some services may be difficult to use because their availability may depend on one's understanding of the services that are already available.

In In contrast, a study conducted by Jimoh. Akande, Tanimola, Salaudeen, Uthman, Durowade, and Aremu (2016) on the utilization pattern of antenatal and delivery services in a semi-urban community in North-Central Nigeria revealed that the majority of respondents (90.1%) were also aware of antenatal and delivery services in the community, with 89.8% of respondents being aware of antenatal services. The community's high level of service consumption was another finding of the study. The use of maternal health services is strongly correlated with knowledge. People are more likely to use services when they are aware of them than when they are unaware of them.

METHODOLOGY

Research Design

This The study employed a cross-sectional design because it allows for the assessment of numerous groups of people with comparable characteristics, such as socioeconomic position, educational background, and ethnicity, but differ in the variable of interest. Additionally, the research design enables the researcher to gather information from a large number of people at one time.

Setting: The setting for this study was Benue State located in North-Central Nigeria. The study covered Benue South Senatorial District which comprise Ado, Agatu, Apa, Obi, Ohimini, Oju, Otukpo, Okpokwu, and Ogbadibo are the nine local government centers. The Apa local government area is situated in Makurdi, the capital of Benue State, in the northwest. Its borders are as follows: Agatu Local Government to the north; Gwer West to the west; Otukpo to the south; and Omala Local Government Area of Kogi State to the west. There are roughly 100,000 people living there, with a population density of 200,300 people per square kilometer. The local government area's residents are mostly Idoma, with a small number of Igalas and a few additional settlers from other ethnic groups.

Participants: The participants of this study included a sample of 400 pregnant women drawn from nine (9) Local Government Areas of Benue South Senatorial distrist. The demographic characteristics of the participants showed that their age ranged from 15-49 years (mean age,14.3, SD 7.6). According to sex, 376(100%) were females; By Marrital status, 290(77.1%) were married; 45(12.0%) were divorced; 41(11.0%) were widow; By live birth, age 15-19 yrs ,23(6.1%), age 29-24, 66(17.6%), age 25-29, 72(19.1%), age 30-34, 105(28.0%), age, 35-39, 45(12.0%), age 40-45, 35(9.3%), age 45-49, 30(8.0%); By education, 36(9.6%) were no formal education, 107(28.5%) were secondary education, 42(11.2%) were tertiary education, 159(42.3%) were farming, 107(28.5%) business, 110(29.3 %) were civil servant; By religious, 258(68.7%) were Christians, 102(27.1%) were Islam, 16(4.3%) were Traditional religious; By live birth, from 1-2 months, 69(18.4%), 3-4 months, 137(36.4%), 5-6 months, 92(36.5%), 7-8 months 60(16.0%), 9-above 18(4.8); pregnancies ever carried1-2months, 70(18.6%), 3-4 months

109(29.0%), 5-6 months 151(40.2%), 7 and above months 46(12.2%); By monthly income, below 30,000 , 72(19.1%), 31,000-40,000, 62(16.5%), 51,000-60,000, 34(9.0%), 61,000-70,000, 18(4.8%), 71,000-80,000, 54(14.1%), 80,000and above 73(19.4%)

Sampling techniques: The researcher used multi-stage sampling technique. The reason for the used of this technique is to select the participants that exist strata or Benue South Senatorial District's local government.

Instrument: The instruments used in this study were questionnaire and key interview guide to collect data for the study.

Procedure: The researcher presented a letter of introduction to Benue State ministry of health seeking approval to conduct a study using pregnant women in Benue South Senatorial district. The researcher also received informed consent of the participants and assure them of confidentiality of information and there after debriefed the participants on the purpose of the study.

Ethical Clearance

The researcher obtained ethical clearance from Benue State ministry of health as a compulsory criterion to embarked on research study.

RESULTS AND DISCUSSION

Data Analysis

The Using the Statistical Package for Social Science (SPSS) 26.0 edition, content analysis and Chi-Square were used to analyze the data gathered for this study.

Table 1. Socio-demographic Characteristics of Respondents

Sex	**Frequency N=376**	**Percentage (100%)**
Marital Status		
Currently Married	290	77.1
Divorce	45	12.0
Widow	41	11.0
Total	**376**	**100.0**
Age		
15-19	23	6.1
20-24	66	17.6
25-29	72	19.1
30-34	105	28.0
35-39	45	12.0
40-44	35	9.3
45-49	30	8.0
Total	**376**	**100.0**
Education		
No formal education	36	9.6
Primary education	191	50.8
Secondary education	107	28.5
Tertiary education	42	11.2
Total	**376**	**100.0**

Occupation		
Farming	159	42.3
business	107	28.5
Civil servants	110	29.3
Total	**376**	**100.0**
Religion		
Christianity	258	68.7
Islam	102	27.1
Traditional Realign	16	4.3
Total	**376**	**100.0**
Number of live births		
1-2	69	18.4
3-4	137	36.4
5-6	92	36.5
7-8	60	16.0
9 above	18	4.8
Total	**376**	**100.0**
Pregnancies ever carried		
1-2	70	18.6
3-4	109	29.0
5-6	151	40.2
7above	46	12.2
Total	**376**	**100.0**
Monthly income		
Below30000	72	19.1
31000-40000	62	16.5
41000-50000	64	17.0
51000-60000	34	9.0
61000-70000	18	4.8
71000-80000	53	14.1
81000and above	73	19.4
Total	**376**	**100.0**

Table 2. Assessing the Influence of Social and Psychological Factors on Knowledge of Women on Maternal Healthcare Services in Benue South Senatorial District

S/N	Variables on knowlede	Aware	Unsure	Unaware	Mean	Std.Deviation
1	Aware of antenatal care services	301	29	46	2.68	.682
2	Aware of delivery care services	321	31	24	2.79	.548
3	Aware ofpost natal care services	201	118	57	2.38	.735

Source: Field Survey, 2023

A three- point The respondents' knowledge of maternal healthcare services in the Benue South senatorial district was assessed using a Likert scale. On the three-point Likert scale, the responses are aware (3), doubtful (2), and unaware (1). The results of Table 1 demonstrated that most of the women were aware of maternal healthcare services, including prenatal care, delivery care, and postnatal care services, with mean scores of 2.68, 2.79, and 2.38, respectively, above the average scaling mean score of 2.0. Since all of the responses are near the mean, the low standard deviations of all the variables imply that the attitudes of the respondents are stable. But with higher mean values of 2.68 and 2.79, respectively, Prenatal and delivery services were more well-known to the respondents. This implies that postnatal services may not be fully utilized because women in the communities were more aware of the pregnancy and delivery care. This implies that information might not always transfer into high or low service consumption because women's utilization may be influenced by other factors.

Participants' answers during the interviews were consistent with the quantitative data's conclusions. According to a 29-year-old lady,

I am well aware of the maternal health care services that are offered in medical facilities, such as prenatal care and delivery services, but I am not very familiar with the availability of what it entails. I use to think when a woman attends prenatal care or, in the event that she skips prenatal treatment, gives birth in a hospital, where she is promptly attended to and her baby is delivered safely. Maternal care ends at that point. After that, she goes back to her regular activities and only occasionally visits the clinics to get her kid vaccinated—not for herself, since she will be well by then.(KII. Adoka-Ehaje,7/8/2023

On the other hand, a 33-year-old woman said: Prenatal care and delivery are examples of maternal health care services that I am aware of. Prenatal care and delivery services are clearly intended for women who get pregnant and start receiving routine checks before giving birth when the time is appropriate.

I also have some knowledge of postnatal services, which include cleaning both the mother and the newborn after delivery.However, I believe that postnatal care is important for kids to have the right vaccinations. I am aware of postpartum care, but I don't believe it is specifically designed for women. I believe the purpose is to vaccinate the infants. I therefore claim to be well-versed in postnatal health care services for women. (KII. Apa 17/8/2023

A 44 years old female health personnel during an interview session also observed that women were aware of the maternal health care services available but however stressed on antenatal and delivery services. She stated:

We have Maternal health care services are offered to women in this medical center as well as numerous additional facilities spread around the neighborhoods. In addition to this primary healthcare institution, there is also a general hospital here, among other private health care facilities and the women are much aware of this.(KII. Okpokwu 10 /8/2023

Another participant, a 35-year-old woman, noted:

I am aware that healthcare facilities offer maternity healthcare services. For example, I have visited maternal health care facilities for services and am aware of antenatal services, where expectant mothers Throughout your pregnancy, get regular checks. But I believe that when a woman is having pregnancy issues, she goes to the clinic for prenatal care. (Otukpo, KII, 2023) In an interview at one of the health centers, a 49-year-old male member of the medical staff stated:

We normally do our best to enlighten women in this community about maternal care services accessible at our many institutions, many people are aware of it, and there have been notable advancements since a few years ago. Although some women now routinely attend prenatal care because they are aware of it, the majority do not; occasionally, they miss prenatal care only to attend when they begin to experience problems during birth or at other times during their pregnancy. However, I would argue that the majority of them are aware of the existence of services. (KII. Obi, 2023)

In an interview, a 34-year-old lady stated that:

Maternal healthcare services are provided by numerous medical facilities in my neighborhood, and many women are aware of this. Some women are aware of the hospitals and clinics, even if they choose not to approach them. Women in my neighborhood frequently discuss maternity care services these days; even tho

se who do not attend hear about them from others and are aware of them. (KII. Otobi, 2023).

CONCLUSIONS

For women of reproductive age to have good maternal health outcomes, maternal health care services are still essential. However, the results of this study showed that there are obstacles to service usage in communities; a number of social and psychological factors were discovered to affect how women in communities use services. Maternal health care service underutilization affects pregnancy outcomes, families, communities, and society as a whole.Because ensuring The primary objective of maternal healthcare services is to promote the health of women and their unborn children. In addition to community-based healthcare facilities, maternal health institutions that provide conveniently accessible services to women at all levels are also needed in order to increase usage

RECOMMENDATIONS

The following suggestions were made in light of the study's findings and in order to obtain the best possible outcomes for maternal health.

The Benue State Government should intensify efforts and make available all the component services of maternal healthcare in public health facilities in all the communities within for better utilization to minimize the barriers or incidence that may result to high deaths among pregnant women.

I. Although women in the study area demonstrated knowledge on maternal healthcare services. However, the knowledge does not translate to use. Hence the women in the communities still need to be enlightened on the need for maternal health care service utilization and its benefits during results of pregnancy. This could be accomplished by the Nigerian government, non-governmental organizations (NGOs), community health workers, medical sociologists, clinical psychologists, clinicians, and religious leaders working to psychologically educate the women about the significance of maternal health care services, the necessity of using them, and the consequences of not using them for both the mothers and their unborn children. The target places for these enlightenment campaign include mass media campaign, community information sources like churches and mosques, social gatherings, talk shows, and billboard sponsorships that demonstrate the advantages and consequences of utilizing and not utilizing services related to maternal health. In certain areas, this will improve knowledge of recent literature to assist women in Benue South Senatorial District and across Nigeria in making better use of maternal health care services. According to the World Health Organization, all pregnant women should get eight prenatal visits, which should be mandated by the government and the administration at all levels of healthcare facilities.

II. The management of health institutions should inculcate pregnancy stress assessment at prenatal Check-up and stress relief interventions.

FURTHER STUDY

This research still has limitations so further research is required on the topic Empowering Maternal Healthcare Services: Through Knowledge and Utilization Among Women in Benue South Senatorial District in order to perfect this research and increase insight for readers

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