Assessment of Utilization of Reproductive and Maternal Health Services in Primary Health Care Facilities in Karu Local Government Area of Nassarawa State

Otokpa Folashade Mary*, Okafor Kingsley Chinedu

Department of Community Medicine and Primary Health Care

*Corresponding Author

ABSTRACT

Introduction: Maternal mortality continues to be a major global public health concern, with Nigeria accounting for a significant proportion of deaths. Effective reproductive and maternal health (RMH) services offered through primary health care (PHC) facilities play a vital role in improving maternal outcomes. However, the utilization of these services remains low in many parts of the country.

Aim: This study assessed the level of knowledge, extent of utilization, barriers, and potential strategies for improving RMH service uptake among women of reproductive age in Karu Local Government Area (LGA), Nassarawa State, Nigeria.

Methodology: A descriptive cross-sectional study was conducted among 318 women attending selected PHC facilities in Karu LGA in 2025. A multistage sampling technique was used to select participants. Data were collected using a structured self-administered questionnaire and analyzed using descriptive statistics, chi-square tests, and logistic regression to determine associations between socio-demographic characteristics, awareness, utilization, and influencing factors.

Results: Most respondents (76.7%) were aged 21–40 years, and 70.4% were married. A considerable proportion (45.3%) had tertiary education, with 38.1% engaged in business and 18.2% employed as civil servants. Over half (57.2%) demonstrated excellent knowledge of RMH services, with antenatal care (74.5%) and family planning (45.3%) being the most recognized. However, utilization was moderate, with only 52.5% attended four or more antenatal visits, and 54.4% delivered in PHC facilities. Although 71.7% preferred facility delivery, 19.8% still chose home birth due to cultural and religious influences. Key barriers included dislike of vaginal examinations (29.9%), privacy concerns (21.4%), poor staff attitude (27%), cost, and perceived unfair treatment.

Conclusion: Despite good knowledge, utilization of RMH services in Karu LGA remains low due to social, cultural, and systemic constraints. Strengthening PHC infrastructure, improving staff responsiveness, and implementing community-based health interventions are crucial to enhancing RMH uptake and achieving Sustainable Development Goal 3.

Keywords: Reproductive health, maternal health, utilization, antenatal care, barriers, primary health care, Karu LGA, Nigeria

DOI: 10.21467/abstracts.8.7 ISBN: 978-81-998984-4-8 (eBook)