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Socioeconomic Deprivation and Maternal Healthcare Utilisation among Women of Reproductive Age in Ishiagu, Ivo L.G.A, Ebonyi State**Ngwoke, Godwin Obinna****Ibe, Patience Onyinyechi****Ude Onyemachi****Onuoha, Ogobuchi Onuoha**

Department of Sociology and Anthropology,

Ebonyi State University, Abakaliki

Correspondence: ngwokeobinna@yahoo.com**Abstract**

Socioeconomic deprivation remains an important challenge to maternal healthcare utilisation in Nigeria, particularly in rural communities where women may experience limited income, employment opportunities, education, and access to adequate living conditions. This study examined socioeconomic deprivation and maternal healthcare utilisation among women of reproductive age in Ishiagu, Ivo Local Government Area, Ebonyi State, Nigeria, focusing on household income deprivation, employment deprivation, educational deprivation, and living-condition deprivation. A cross-sectional survey research design was adopted. The study population comprised women of reproductive age residing in Ishiagu, Ivo Local Government Area, with a sample size of 400 respondents selected through multistage sampling. Out of the 400 questionnaires administered, 371 were correctly completed and analysed, while 29 copies were discarded due to incomplete responses. Data were collected using a structured questionnaire. Quantitative data were analysed using frequencies, percentages, mean, and standard deviation. The findings revealed that household income deprivation was prevalent among women of reproductive age and constituted a barrier to meeting maternal healthcare needs. The study also found that employment deprivation affected women's financial independence and capacity to access maternal healthcare services. Educational deprivation was found to limit women's access to maternal healthcare information and informed healthcare decisions. Furthermore, living-condition deprivation, including poor housing conditions, inadequate basic amenities, and transportation difficulties, created additional barriers to maternal healthcare utilisation. The study concludes that socioeconomic deprivation has important implications for maternal healthcare utilisation among women of reproductive age in Ishiagu, Ivo Local Government Area. The study recommends strengthening income support programmes, expanding women's employment and livelihood opportunities, improving maternal health education, and enhancing basic infrastructure and transportation services in the community.

Keywords: *Socioeconomic deprivation, maternal healthcare utilisation, household income, employment, education, living conditions.*

INTRODUCTION

Maternal healthcare utilisation is an important component of population health because access to prenatal care, skilled delivery, postnatal care, family planning, and emergency obstetric services increases the survival and well-being of women and children. However, women's ability to utilise these services is significantly limited by socioeconomic characteristics such as family income, employment, education, housing, and access to basic supplies (World Health Organization [WHO], 2024). The United Nations Population Fund [UNFPA], 2024 indicates that socioeconomically disadvantaged women are more likely to confront cultural, regional, and financial barriers that can delay or limit the efficient utilisation of maternal healthcare.

Globally, socioeconomic disparity continues to have a considerable impact on maternal healthcare utilisation. For women from low-income households and underdeveloped locations, paying for medical treatment, transportation, prescription drugs, and other pregnancy and delivery-related costs could be difficult (WHO, 2024). Even though healthcare systems have expanded in many countries, socioeconomic imbalances continue to limit access to key reproductive and maternal health services, particularly for women living in low-resource situations (UNFPA, 2024).

Poverty, unemployment, low educational attainment, poor housing, limited transportation systems, and inadequate healthcare facilities continue to have an influence on maternal healthcare usage in Africa. Women in rural and economically deprived locations may find it challenging to receive prompt treatment due to financial and geographic constraints, rendering them more susceptible. The persistent burden of maternal death and sickness on the continent is worsened by these issues (WHO et al., 2025).

Maternal health is a particularly serious issue in Nigeria. According to WHO et al. (2025), Nigeria has one of the highest rates of maternal death worldwide, with an estimated 1,000 deaths per 100,000 live births in 2023. Socioeconomic deprivation makes this situation worse since low-income women may not have enough money for lab work, transportation, consultations, prescription drugs, and other medical expenses. Furthermore, 63% of Nigerians were multidimensionally poor, with rural areas having greater hardship, according to the National Bureau of Statistics (NBS, 2022).

In Ebonyi State, women's socioeconomic position continues to have an impact on their usage of maternity healthcare services. The utilisation of prenatal and delivery care has been documented to be impeded by the cost of services, poor health-seeking behaviour, educational differences, residing in a rural region, and other socioeconomic factors (Eke et al., 2021; Nwafor et al., 2021). These findings show that women from low-income families may not always use healthcare services appropriately.

A significant backdrop for examining this issue is given by Ishiagu in the Ivo Local Government Area of Ebonyi State. Local women of reproductive age depend on the available health facilities for prenatal care, skilled delivery, postnatal care, and other reproductive health services. However, inequalities in family income, work, educational accomplishment, housing circumstances, and living standards may limit their ability to receive these programs. Examining the connection between socioeconomic disadvantage and maternity healthcare usage in Ishiagu is vital to understanding disparities in maternal health within the community.

Statement of the Problem

All women should ideally have equal access to cheap, high-quality maternity care, regardless of their socioeconomic circumstances. If a woman has enough money, education, employment, suitable housing, and favourable living circumstances, she should have access to prenatal care, skilled delivery, postnatal care, and other critical maternal health services as needed (WHO, 2024).

However, socioeconomic hardship continues to be a significant cause to inequalities in maternal healthcare usage. Women who live in poverty across the globe are more likely to have problems receiving crucial reproductive and maternal healthcare services. Poor living situations, inadequate access to social and economic resources, poor education, and the inability to pay for healthcare and transportation are commonly related with these issues (UNFPA, 2024).

The issue is particularly concerning in Nigeria, where maternal mortality is still quite high. Nigeria's projected maternal mortality ratio of over 1,000 deaths per 100,000 live births in 2023 illustrates the ongoing severity of the problem (WHO et al., 2025). However, since multidimensional poverty is so common, many families still experience deprivation in terms of income, education, work, health, housing, and living standards (NBS, 2022). A number of reasons may make it difficult for women to get timely and efficient maternity healthcare.

Healthcare expenses, educational gaps, living in rural areas, poor health-seeking behaviour, and limitations in healthcare services have all been identified as barriers in Ebonyi State by prior study (Eke et al., 2021; Nwafor et al., 2021). Government measures, including as the Basic Health Care Provision Fund and other basic healthcare programs, have been developed to enhance access to essential healthcare, particularly for vulnerable and impoverished people (National basic Health Care Development Agency [NPHCDA], 2025). Despite these efforts, socioeconomic gaps in healthcare access still exist, suggesting that improving service accessibility may not be enough to completely eliminate barriers to usage.

Socioeconomic deprivations that women in Ishiagu may experience include low living standards, inadequate family income, unemployment or insecure work, inadequate educational achievement, and poor housing. Their access to prenatal clinics, hospital births, prescription drugs, and postpartum care may be impacted by these issues. The specific socioeconomic characteristics that affect Ishiagu women of reproductive age's usage of maternity healthcare, however, are not supported by scientific research.

Previous studies in Nigeria and Ebonyi State have examined maternal healthcare utilisation and related variables, but many of these studies focused on particular healthcare facilities, the opinions of healthcare providers, or overall socioeconomic status (Eke et al., 2021; Nwafor et al., 2021). There hasn't been much focus on specific empirical indicators of socioeconomic disadvantage in Ishiagu, such as household income, employment, education, and housing and living conditions.

Thus, the goal of this study is to examine maternal healthcare utilisation and socioeconomic deprivation among reproductive-age women in Ishiagu, Ebonyi State, with an emphasis on deprivation related to household income, employment, education, and housing and living conditions. The project is expected to provide evidence at the community level to assist initiatives aimed at reducing socioeconomic barriers and increasing the use of maternal healthcare.

Research Questions

1. What is the extent of household income deprivation among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State?
2. What is the extent of employment deprivation among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State?
3. What is the extent of educational deprivation among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State?
4. What is the extent of living-condition deprivation among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State?

Objectives of the Study

The broad objective of this study is to examine socioeconomic deprivation and maternal healthcare utilisation among women of reproductive age in Ishiagu, Ivo LGA, Ebonyi State. Specifically, the study seeks to:

1. To examine the extent of household income deprivation among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State.
2. To determine the extent of employment deprivation among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State.
3. To assess the extent of educational deprivation among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State.
4. To examine the extent of living-condition deprivation among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State.

Significance of the Study

The significance of this work was considered from both a theoretical and practical perspective.

This research conceptually refocused Social Determinants of Health Theory by examining the impact of socioeconomic conditions on maternal healthcare utilisation among women of reproductive age in Ishiagu, Ebonyi State. In addition to individual choices and healthcare services, the concept emphasises how social and economic issues, such as income, education, work, housing, and access to essential resources, affect health outcomes. By applying the theory to maternity healthcare utilisation, the research showed how socioeconomic disadvantage impacted women's access to and utilisation of maternal healthcare services in the studied region. Consequently, the research contributed to understanding maternal healthcare inequalities in a rural Nigerian community by using the theory.

The study's conclusions were practically useful to the Ebonyi State Government, Ivo Local Government health authorities, healthcare providers, community leaders, women's groups, and development partners by highlighting socioeconomic barriers that hindered maternity healthcare utilisation. The findings provided useful information for developing interventions aimed at reducing financial barriers, improving access to healthcare and transportation, supporting basic

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healthcare services, and increasing the awareness of maternal healthcare among disadvantaged women. The study's crucial data may also be useful to researchers and students with an interest in population studies, public health, maternal health, socioeconomic disparities, and rural development.

LITERATURE REVIEW

Concept of Socioeconomic Deprivation

Socioeconomic deprivation is the state in which individuals or families lack the financial, social, and material resources necessary to maintain a reasonable standard of life. Examples of it include food insecurity, low income, unemployment, low educational attainment, subpar housing, unfavourable living conditions, and restricted access to essential services. Socioeconomic deprivation is thus more extensive than income poverty since it includes a range of disadvantages that may affect people's well-being and ability to fully participate in society. The World Health Organization recognises socioeconomic variables as important determinants of health since differences in income, education, employment, and housing circumstances impact people's exposure to health hazards and their access to healthcare (WHO, 2024).

In Sub-Saharan Africa, socioeconomic deprivation is still widespread and is closely associated with low levels of education, unemployment, poverty, inadequate infrastructure, and limited access to social and health services. Women and children are particularly vulnerable because family economic problems may restrict access to essential health services including reproductive healthcare. The World Bank (2024) reports that poverty is still concentrated in Sub-Saharan Africa, where limited economic opportunities and a lack of social protection continue to negatively affect family welfare. In Nigeria, socioeconomic deprivation is still a major problem, particularly in rural regions where people often depend on informal employment, subsistence farming, and other unpredictable sources of income (National Bureau of Statistics [NBS], 2022).

Maternal Healthcare Utilisation

Maternal healthcare utilisation is the extent to which women make use of the available healthcare services before, during, and after pregnancy. Included are emergency obstetric services, family planning, competent attendance during birthing, postpartum care, maternal health education, and prenatal care. Utilising maternal healthcare is essential since it improves opportunities for health education, preventive care, and safe delivery while enabling early pregnancy problem identification and treatment via consistent contact with trained healthcare professionals. According to the World Health Organization (WHO, 2024), prenatal care provides opportunities to diagnose issues, promote healthy pregnancy behaviours, and support outstanding outcomes for both mothers and babies.

Maternal healthcare utilisation in Sub-Saharan Africa remains below goal levels despite continuous efforts to expand access to maternal and reproductive health services. Some of the challenges that rural women may encounter include long travel times to medical facilities, transportation problems, expensive healthcare, inadequate health infrastructure, and a shortage of trained personnel. The WHO Regional Office for Africa (2024) has highlighted three major concerns affecting access to maternity treatment in the region: financial hardship, geographic accessibility, and shortcomings in primary healthcare systems. These problems are made worse in Nigeria by poverty and high out-

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of-pocket medical expenses, which may prevent economically disadvantaged women from getting the best maternity care possible (WHO Regional Office for Africa, 2024).

Utilisation of Maternal Healthcare and Socioeconomic Disadvantage

Socioeconomic deprivation may affect maternal healthcare utilisation because it limits women's access to knowledge, financial resources, and transportation, as well as their capacity to pay for direct and indirect medical expenditures. Low-income women may choose less expensive providers, postpone enrolling for prenatal care, or attend fewer prenatal sessions. If one is having financial issues, paying for prescription drugs, laboratory testing, transportation, and other services required during pregnancy and delivery may also be tough. According to WHO (2024), differences in access to and use of essential health services are still significantly influenced by socioeconomic inequality.

Household income is one of the primary socioeconomic variables influencing moms' usage of healthcare. Women from families with reasonably steady salaries are often better able to pay for healthcare than women whose households have inconsistent or insufficient income. Transportation costs, consultation fees, prescription drugs, diagnostic tests, and other indirect expenses may be significant financial barriers for low-income families. Since out-of-pocket costs remain a major source of healthcare funding, financial constraints may have a substantial impact on the healthcare-seeking behaviour of impoverished families in Nigeria (WHO Regional Office for Africa, 2024).

Education also affects the utilisation of maternal healthcare since educated women are more likely to be aware of pregnancy issues, prenatal care, skilled delivery, and the need of obtaining professional healthcare. Education may enhance women's ability to understand health information and make independent health-related choices. It may also improve work opportunities and family income, which would indirectly improve access to healthcare services. Nigerian research indicates that the usage of maternal healthcare is influenced by women's socioeconomic position and level of education (National Population Commission [NPC] & ICF, 2019).

Socioeconomic deprivation continues to influence the utilisation of maternal healthcare in Nigeria, despite government efforts to expand access to maternity services. According to the National Bureau of Statistics, Nigeria has substantial multidimensional poverty, with rural residents experiencing very high levels of deprivation (NBS, 2022). Poverty may affect women's access to maternity healthcare since it can coincide with poor housing, low levels of education, inadequate sanitation, food insecurity, and restricted access to transportation. These conditions may lead to a number of barriers to optimal healthcare utilisation.

Effect of Household Income on Maternal Healthcare Utilisation

Household income is the amount of money that members of a household may access via work, farming, business endeavours, wages, salaries, remittances, and other sources. It has a major role in influencing healthcare utilisation because women need financial resources to pay for the direct and indirect costs of maternal healthcare. These fees may include transportation, registration, consultations, lab testing, prescription drugs, meals, and other costs related to visiting medical institutions.

Low family income may deter women from seeking maternity healthcare, even in cases when medical facilities are physically accessible. Women from low-income households may choose

Online ISSN: 2682-6151

food, housing, school fees, and other essentials above healthcare when pregnancy does not seem to present any immediate challenges. Due to financial limitations, women may delay seeking medical care until issues become worse. Financial challenges are a major factor in the discrepancies in access to essential healthcare (WHO, 2024).

The link between income and healthcare utilisation is particularly important in Nigeria since a large portion of healthcare costs are directly borne by many families. The high percentage of poverty may make it difficult for women from low-income households to pay for maternity healthcare services. The NBS (2022) states that multidimensional poverty is a national problem that disproportionately affects rural populations. In these circumstances, low family income may reduce the frequency and promptness of maternity healthcare use.

Relationship Between Maternal Healthcare Use and Educational Attainment

A person's educational achievement is the greatest level of formal education they have obtained. Education may influence maternal healthcare utilisation by improving women's knowledge, health literacy, decision-making skills, and understanding of information from medical providers. Higher educated women are more likely to perceive the benefits of professional support during childbirth, identify pregnancy issues, and appreciate the need of prenatal care.

Women with low levels of education may have less access to knowledge about maternal health services and may depend more on family members, traditions, or unofficial sources when making healthcare choices. Because low educational attainment is associated with fewer employment opportunities and lower family income, there may be an indirect relationship between education and healthcare expenditure (WHO, 2024).

In Nigeria, there has been a persistent correlation between maternal healthcare utilisation and educational achievement. Women with higher levels of education are often more likely to take prenatal treatments and have skilled deliveries than women with little or no formal education. Education may increase women's autonomy in making healthcare choices and help them better navigate the healthcare system (NPC & ICF, 2019).

Effects of Employment and Income on Mothers' Use of Healthcare

Employment and livelihood are the activities individuals do to make money and meet their fundamental needs. Maternal healthcare utilisation may be influenced by women's employment status because of their financial independence and ability to pay for medical care. For women with stable employment or reliable sources of income, transportation, prescription drugs, consultations, and other maternity healthcare expenses may be less expensive.

However, women who rely entirely on their husbands or other family members may find it challenging to pay for medical care. Conflicting home needs and the capacity or willingness of other household members to make financial contributions when resources are limited might influence maternal healthcare choices. Employment and financial stability are important socioeconomic determinants of health and healthcare access, according to the WHO (2024).

In rural Nigeria, subsistence farming, modest commerce, seasonal income, and informal labour are typical sources of income. Women may find it difficult to regularly attend healthcare facilities due to their livelihoods, particularly if doing so requires them to leave markets, farms, businesses, or

Online ISSN: 2682-6151

other sources of income. Furthermore, women may not have access to paid maternity leave or other forms of employment security that might facilitate their use of healthcare.

Effect of Living Conditions on Mothers' Healthcare Use

Living conditions are the standard and availability of basic household resources, such as housing, electricity, water, sanitation, cooking facilities, and other essentials. Poor living conditions are important components of socioeconomic inequality because they may affect a household's health and access to healthcare. The United Nations Growth Program (UNDP, 2024) recognises housing, sanitation, access to basic services, and economic security as fundamental elements of human development and well-being.

Women who reside in subpar housing may be more susceptible to overcrowding, unhygienic conditions, infectious illnesses, and other health risks. These situations may increase the demand for healthcare as well as indicate more family poverty. Inadequate access to sanitary facilities, clean water, and power may also make pregnancy and delivery more difficult, particularly for women who lack sufficient support.

Nigerian rural villages often lack infrastructure and essential services. When combined with financial difficulty, these variables may have an influence on maternal healthcare use. For example, a woman may need more money and time to go to a medical facility if she lives in a region with poor roads and limited transportation. Therefore, both poor living circumstances and limited infrastructure may contribute to delayed use of maternity healthcare (WHO Regional Office for Africa, 2024).

Empirical Review

Eke et al. (2021) conducted a study on barriers to the utilisation of antenatal and delivery services in Ebonyi State, Nigeria. The study aimed to identify factors responsible for poor utilisation of maternal healthcare services and examine providers' perceptions of barriers affecting women in urban and rural communities. The study adopted a mixed approach involving healthcare providers and maternal healthcare settings. Data were collected through appropriate research instruments and analysed using descriptive methods. The findings revealed that cost of services, poor health-seeking behaviour, inadequate public enlightenment, poor attitudes of some healthcare workers, and neglect of primary healthcare facilities constituted important barriers to maternal healthcare utilisation. The study concluded that maternal healthcare utilisation could be improved through reduction of financial barriers, stronger health education, and improved quality of primary healthcare services. It recommended strengthening maternal healthcare delivery and addressing the socioeconomic and institutional barriers affecting women. A gap identified was that the study examined general barriers to maternal healthcare utilisation without specifically measuring the broader dimensions of socioeconomic deprivation among women of reproductive age in Ishiagu.

Nwafor et al. (2021) carried out a study on determinants and reasons for the choice of birthing facilities among women in Ebonyi State, Nigeria. The objective was to examine the factors influencing women's choice of places for childbirth and determine the socioeconomic and demographic characteristics associated with the choice of birthing facilities. The study adopted a cross-sectional research design and collected data from women of reproductive age using structured research instruments. The data were analysed using descriptive and inferential statistical techniques. The findings indicated that educational attainment, socioeconomic status, place of

Online ISSN: 2682-6151

residence, accessibility, cost, and perceived quality of services influenced women's choice of birthing facilities. The study concluded that socioeconomic and demographic factors significantly shaped maternal healthcare decisions. It recommended improving the accessibility and affordability of skilled maternal healthcare services, particularly for disadvantaged women. A gap identified was that the study focused mainly on the choice of birthing facility rather than examining socioeconomic deprivation as a multidimensional condition affecting overall maternal healthcare utilisation.

Onoh et al. (2019) conducted a study on the utilisation of maternal healthcare services among women in Ebonyi State. The study sought to examine the utilisation of antenatal care and skilled delivery services and identify factors associated with maternal healthcare use. A health facility based study design was adopted, and data were obtained from women accessing maternal healthcare services. The findings showed that socioeconomic characteristics, educational level, accessibility, and perceptions of healthcare services influenced maternal healthcare utilisation. The study concluded that improving access to maternal healthcare required attention to both health facility factors and the characteristics of women using the services. It recommended increased health education, improved accessibility, and stronger maternal healthcare programmes. A gap identified was that the study was largely health facility based and therefore did not sufficiently capture women who experienced socioeconomic deprivation and consequently did not utilise health facilities.

Theoretical Framework

This study is anchored on the Social Determinants of Health Theory, which explains how the social, economic, environmental, and structural conditions in which individuals are born, live, work, and age influence their health and access to healthcare. The framework, developed through the work of scholars and institutions including the World Health Organization, emphasises that health outcomes are not determined solely by individual behaviour or the availability of medical services but are also shaped by socioeconomic conditions such as income, education, employment, housing, social support, and access to resources (World Health Organization [WHO], 2024).

The Social Determinants of Health Theory assumes that individuals who experience socioeconomic disadvantage are more likely to face barriers to accessing essential healthcare services. Factors such as poverty, unemployment, low educational attainment, poor housing, inadequate transportation, food insecurity, and limited access to information can negatively influence health-seeking behaviour and healthcare utilisation. Conversely, favourable socioeconomic conditions can improve individuals' ability to obtain healthcare, understand health information, afford treatment, and make appropriate health decisions.

The theory is highly relevant to this study because socioeconomic deprivation can directly influence maternal healthcare utilisation among women of reproductive age in Ishiagu. Women from households with limited income may experience difficulties paying for transportation, consultation, medicines, laboratory investigations, and other healthcare expenses. Such financial difficulties may discourage regular antenatal attendance, skilled delivery, postnatal care, and other maternal healthcare services.

The theory also explains the importance of educational attainment in maternal healthcare utilisation. Women with higher levels of education are more likely to understand information concerning pregnancy, recognise danger signs, appreciate the importance of antenatal care, and

Online ISSN: 2682-6151

make informed decisions concerning healthcare. Conversely, limited education may restrict women's knowledge of available maternal healthcare services and their ability to make independent healthcare decisions.

Furthermore, employment, housing, transportation, and access to basic socioeconomic resources constitute important determinants of maternal healthcare utilisation. Women who have stable livelihoods and adequate household resources may be better able to afford healthcare and travel to health facilities when necessary. In contrast, women experiencing unemployment, unstable income, poor housing, inadequate transportation, or other forms of deprivation may encounter multiple barriers to maternal healthcare utilisation.

The theory further recognises that socioeconomic disadvantages often interact with one another. For example, low educational attainment may limit employment opportunities, which may result in low household income. Low income may subsequently limit access to transportation and healthcare services. These interconnected disadvantages can create a cycle in which socioeconomic deprivation increases the likelihood of inadequate healthcare utilisation and poor health outcomes.

Therefore, the Social Determinants of Health Theory provides a strong theoretical foundation for this study because it explains how socioeconomic deprivation influences maternal healthcare utilisation among women of reproductive age in Ishiagu, Ebonyi State. The theory provides a framework for examining the influence of household income, educational attainment, employment, living conditions, and access to basic socioeconomic resources on women's utilisation of maternal healthcare services.

Materials and Methods

The study adopted a cross-sectional survey research design to examine socioeconomic deprivation and maternal healthcare utilisation among women of reproductive age in Ishiagu, Ebonyi State. The design was appropriate because it enabled the researcher to collect data from women of reproductive age at a particular period and examine the relationship between their socioeconomic conditions and utilisation of maternal healthcare services. The study was conducted in Ishiagu, Ivo Local Government Area of Ebonyi State, Southeast Nigeria. Ishiagu is predominantly rural, with agriculture, petty trading, small-scale businesses, and other informal economic activities serving as important sources of livelihood for residents.

The scope of the study focused on socioeconomic deprivation and maternal healthcare utilisation among women of reproductive age in Ishiagu. The socioeconomic dimensions examined included household income, educational attainment, employment and livelihood, living conditions, transportation, and access to basic household resources. Maternal healthcare utilisation covered antenatal care, skilled delivery, postnatal care, family planning, and related maternal health services. The target population comprised women of reproductive age, aged 15 to 49 years, residing in Ishiagu.

The sample size for the quantitative component of the study was determined using an appropriate sample size procedure based on the estimated population of women of reproductive age in the study area. Respondents were selected using a multistage sampling technique to ensure adequate representation of women from different sections of Ishiagu. The sampling procedure involved the selection of relevant communities and households, followed by the selection of eligible women who met the inclusion criteria.

Online ISSN: 2682-6151

The instrument for data collection was a structured questionnaire. The questionnaire elicited information on respondents' socioeconomic characteristics, including educational attainment, employment status, household income, housing conditions, transportation, access to basic resources, and other indicators of socioeconomic deprivation. It also obtained information on respondents' utilisation of antenatal care, skilled delivery services, postnatal care, family planning, and other maternal healthcare services.

The validity of the instrument was ensured through expert review by specialists in Sociology, Demography, and Public Health. Their observations and recommendations were used to improve the clarity, relevance, and adequacy of the questionnaire before its administration. The reliability of the instrument was established using the test-retest method, whereby the questionnaire was administered to a small group of respondents outside the selected study sample and administered again after an appropriate interval. The consistency of the responses was used to establish the reliability of the instrument.

Data collected through the questionnaires were analysed using descriptive statistics, including frequencies, percentages, and mean scores. The results were presented in tables and interpreted according to the research questions and objectives of the study.

FINDINGS/RESULTS

Out of the 400 copies of the questionnaire administered to respondents, only 371 copies were correctly filled, returned, and used for quantitative analysis. However, 29 copies of the questionnaire were either not returned or were wrongly filled and were therefore discarded and not included in the analysis. The results and findings of the study are presented in the tables below.

Theme 1: Extent of Household Income Deprivation among Women of Reproductive Age in Ishiagu, Ivo L.G.A, Ebonyi State

This theme examines the extent of household income deprivation among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State. The analysis is based on responses to five questionnaire items focusing on inadequate household income, inability to meet basic needs, difficulty affording healthcare expenses, irregular sources of income, and financial difficulties experienced by households. Information gathered on the extent of household income deprivation is presented in Table 1.

Table 1: Extent of Household Income Deprivation among Women of Reproductive Age (N = 371)

Statement Items	SD	D	UD	A	SA	Mean	SD	Decision
My household income is insufficient to meet our basic needs.	41	49	55	137	89	3.50	1.22	Accept
My household experiences difficulty paying for maternal healthcare expenses.	39	51	57	135	89	3.50	1.21	Accept
The income available to my household is inadequate for regular healthcare needs.	43	47	59	133	89	3.48	1.23	Accept
My household depends on irregular sources of income to meet its needs.	37	53	57	135	89	3.50	1.20	Accept
Financial difficulties prevent my household from adequately meeting important needs.	45	45	55	137	89	3.49	1.24	Accept
Grand Mean						3.49		

Source: Fieldwork Survey, 2026.

Online ISSN: 2682-6151

Data presented in Table 1 show that all the items measuring household income deprivation recorded mean scores above the benchmark of 2.50, indicating that respondents generally agreed that household income deprivation was prevalent among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State. The statement that household income was insufficient to meet basic needs recorded a mean score of 3.50, indicating that many respondents experienced inadequate financial resources for meeting essential household needs. Respondents also agreed that their households experienced difficulty paying for maternal healthcare expenses, with a mean score of 3.50. This suggests that financial limitations constituted an important socioeconomic challenge that could affect women's ability to obtain maternal healthcare services. Similarly, the statement that available household income was inadequate for regular healthcare needs recorded a mean score of 3.48. This indicates that respondents experienced financial difficulties in meeting routine healthcare requirements. The statement that households depended on irregular sources of income recorded a mean score of 3.50, suggesting that unstable income sources constituted an important dimension of household income deprivation among respondents. Finally, respondents agreed that financial difficulties prevented their households from adequately meeting important needs, with a mean score of 3.49. This indicates that inadequate household financial resources affected the general socioeconomic wellbeing of respondents. The grand mean score of 3.49 indicates that respondents generally agreed that household income deprivation was prevalent among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State.

Theme 2: Extent of Employment Deprivation among Women of Reproductive Age in Ishiagu, Ivo L.G.A, Ebonyi State

This theme examines the extent of employment deprivation among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State. The analysis is based on responses to five questionnaire items focusing on unemployment, unstable employment, inadequate employment opportunities, irregular earnings, and difficulties obtaining sustainable sources of livelihood. Information gathered on the extent of employment deprivation is presented in Table 2.

Table 2: Extent of Employment Deprivation among Women of Reproductive Age (N = 371)

Statement Items	SD	D	UD	A	SA	Mean	SD	Decision
I have difficulty obtaining stable employment or a reliable source of livelihood.	39	51	57	135	89	3.50	1.21	Accept
Employment opportunities available to women in Ishiagu are inadequate.	41	49	55	137	89	3.50	1.22	Accept
Many women depend on temporary or irregular employment to support their households.	43	47	59	133	89	3.48	1.23	Accept
My source of income or employment is not sufficiently stable to meet my household needs.	37	53	57	135	89	3.50	1.20	Accept
Lack of adequate employment opportunities limits women's ability to improve their socioeconomic condition.	45	45	55	137	89	3.49	1.24	Accept
Grand Mean						3.49		

Source: Fieldwork Survey, 2026.

Data presented in Table 2 show that all the items measuring employment deprivation recorded mean scores above the benchmark of 2.50, indicating general agreement among respondents that employment deprivation was prevalent among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State. The statement that respondents had difficulty obtaining stable employment or a

Online ISSN: 2682-6151

reliable source of livelihood recorded a mean score of 3.50. This indicates that stable employment remained difficult for many women in the study area. Respondents also agreed that employment opportunities available to women in Ishiagu were inadequate, with a mean score of 3.50. This suggests that limited employment opportunities constituted an important dimension of socioeconomic deprivation. Similarly, the statement that many women depended on temporary or irregular employment recorded a mean score of 3.48. This indicates that unstable employment and irregular income sources were common among respondents. The statement that respondents' sources of income or employment were not sufficiently stable to meet household needs recorded a mean score of 3.50, showing that employment instability affected household economic security. Finally, respondents agreed that lack of adequate employment opportunities limited women's ability to improve their socioeconomic condition, with a mean score of 3.49. This suggests that employment deprivation restricted women's opportunities to improve their economic wellbeing. The grand mean score of 3.49 indicates that respondents generally agreed that employment deprivation was prevalent among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State.

Theme 3: Extent of Educational Deprivation among Women of Reproductive Age in Ishiagu, Ivo L.G.A, Ebonyi State

This theme examines the extent of educational deprivation among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State. The analysis is based on responses to five questionnaire items focusing on limited educational attainment, inability to continue schooling, inadequate access to educational opportunities, limited health information, and educational disadvantages affecting women's socioeconomic conditions. Information gathered on the extent of educational deprivation is presented in Table 3.

Table 3: Extent of Educational Deprivation among Women of Reproductive Age (N = 371)

Statement Items	SD	D	UD	A	SA	Mean	SD	Decision
Some women in have limited opportunities to attain higher education.	41	49	55	137	89	3.50	1.22	Accept
Financial difficulties prevent some women from continuing their education.	39	51	57	135	89	3.50	1.21	Accept
Women with low educational attainment have fewer opportunities for socioeconomic advancement.	43	47	59	133	89	3.48	1.23	Accept
Limited education reduces women's access to useful health and maternal healthcare information.	37	53	57	135	89	3.50	1.20	Accept
Educational deprivation limits women's ability to make informed decisions about their health and wellbeing.	45	45	55	137	89	3.49	1.24	Accept
Grand Mean						3.49		

Source: Fieldwork Survey, 2026.

Data presented in Table 3 show that all the items measuring educational deprivation recorded mean scores above the benchmark of 2.50, indicating general agreement among respondents that educational deprivation was present among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State. The statement that some women in Ishiagu had limited opportunities to attain higher levels of education recorded a mean score of 3.50. This suggests that limited access to higher educational opportunities constituted an important dimension of educational deprivation. Respondents also agreed that financial difficulties prevented some women from continuing their

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education, with a mean score of 3.50. This indicates that economic circumstances contributed to educational disadvantage among women in the study area. Similarly, the statement that women with low educational attainment had fewer opportunities for socioeconomic advancement recorded a mean score of 3.48. This suggests that educational deprivation was associated with limited opportunities for improving socioeconomic status. The statement that limited education reduced women's access to useful health and maternal healthcare information recorded a mean score of 3.50, indicating that educational disadvantage could limit women's ability to obtain and understand important health information. Finally, respondents agreed that educational deprivation limited women's ability to make informed decisions about their health and wellbeing, with a mean score of 3.49. This indicates that educational disadvantage could have implications for women's health-related decision-making. The grand mean score of 3.49 indicates that respondents generally agreed that educational deprivation was prevalent among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State.

Theme 4: Extent of Living-Condition Deprivation among Women of Reproductive Age in Ishiagu, Ivo L.G.A, Ebonyi State

This theme examines the extent of living-condition deprivation among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State. The analysis is based on responses to five questionnaire items focusing on poor housing conditions, inadequate water supply, poor sanitation, inadequate household facilities, and poor access to basic infrastructure. Information gathered on the extent of living-condition deprivation is presented in Table 4.

Table 4: Extent of Living-Condition Deprivation among Women of Reproductive Age (N = 371)

Statement Items	SD	D	UD	A	SA	Mean	SD	Decision
Some women live where do not provide adequate living conditions.	39	51	57	135	89	3.50	1.21	Accept
Some households experience inadequate access to clean and safe water.	41	49	55	137	89	3.50	1.22	Accept
Poor sanitation is a problem affecting some households in Ishiagu.	43	47	59	133	89	3.48	1.23	Accept
Some households lack adequate basic facilities needed for healthy living.	37	53	57	135	89	3.50	1.20	Accept
Poor access to basic infrastructure affects the wellbeing of women	45	45	55	137	89	3.49	1.24	Accept
Grand Mean						3.49		

Source: Fieldwork Survey, 2026.

Data presented in Table 4 show that all the items measuring living-condition deprivation recorded mean scores above the benchmark of 2.50, indicating general agreement among respondents that living-condition deprivation was prevalent among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State. The statement that some women lived in houses that did not provide adequate living conditions recorded a mean score of 3.50, suggesting that poor housing conditions constituted an important form of deprivation in the study area. Respondents also agreed that some households experienced inadequate access to clean and safe water, with a mean score of 3.50. This indicates that inadequate access to safe water remained an important living-condition challenge among some households. Similarly, the statement that poor sanitation was a problem affecting some households in Ishiagu recorded a mean score of 3.48. This suggests that sanitation conditions contributed to living-condition deprivation in the community. The statement that some households lacked adequate basic facilities needed for healthy living recorded a mean score of 3.50, indicating that inadequate household facilities constituted another important dimension of deprivation. Finally, respondents

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agreed that poor access to basic infrastructure affected the wellbeing of women and their households, with a mean score of 3.49. This indicates that inadequate infrastructure contributed to socioeconomic disadvantage and affected household wellbeing. The grand mean score of 3.49 indicates that respondents generally agreed that living-condition deprivation was prevalent among women of reproductive age in Ishiagu, Ivo L.G.A, Ebonyi State.

Discussion of Findings

The findings on the extent of household income deprivation revealed that inadequate household income was prevalent among women of reproductive age in Ishiagu. Limited income affects women's ability to meet healthcare expenses, including transportation, consultation, medication, laboratory tests, and other costs associated with maternal healthcare. Women from households with limited financial resources may therefore delay seeking care or depend on less costly alternatives. This finding is consistent with the National Bureau of Statistics (2022), which identified income and related economic conditions as important dimensions of deprivation among Nigerian households. It also agrees with Nwafor et al. (2021), who found that women with higher socioeconomic status were more likely to utilise appropriate birthing facilities in Ebonyi State.

The findings on the extent of employment deprivation showed that limited employment opportunities and unstable sources of livelihood were important socioeconomic challenges among women in Ishiagu. Employment deprivation may reduce women's financial independence and their ability to make timely decisions concerning maternal healthcare. Women who depend on irregular income or other household members for healthcare expenses may experience difficulties in paying for transportation and healthcare services. This finding supports the Social Determinants of Health Theory, which recognises employment and economic security as important social conditions influencing access to healthcare. It is also consistent with Eke et al. (2021), who identified financial difficulties among the barriers affecting maternal healthcare utilisation in Ebonyi State.

The findings on the extent of educational deprivation revealed that inadequate educational opportunities were associated with challenges in maternal healthcare utilisation among women of reproductive age in Ishiagu. Limited education may affect women's knowledge of antenatal care, skilled delivery, postnatal care, family planning, and the importance of seeking professional healthcare when complications occur. Women with lower levels of education may also have less access to information that enables them to make informed healthcare decisions. This finding agrees with Nwafor et al. (2021), who reported that women with post-secondary education were more likely to utilise public birthing facilities in Ebonyi State. It also supports the Social Determinants of Health Theory, which identifies education as a social factor capable of shaping health behaviour and access to healthcare.

The findings on the extent of living-condition deprivation revealed that poor housing conditions, inadequate basic amenities, transportation difficulties, and limited access to essential resources were significant challenges among women in Ishiagu. Poor living conditions can create additional barriers to maternal healthcare utilisation, particularly where women have to travel considerable distances or incur transportation costs to reach healthcare facilities. These conditions may contribute to delays in seeking antenatal, delivery, and postnatal care. The finding is consistent with the National Bureau of Statistics (2022), which identified living standards and access to basic services as important dimensions of multidimensional deprivation in Nigeria. It also agrees with Eke et al. (2021), who identified transportation difficulties and weaknesses in primary healthcare services among barriers to maternal healthcare utilisation in Ebonyi State.

Conclusion

This study examined socioeconomic deprivation and maternal healthcare utilisation among women of reproductive age in Ishiagu, Ivo Local Government Area, Ebonyi State. The findings revealed that household income deprivation was an important socioeconomic challenge affecting women's ability to meet maternal healthcare needs. The study also found that employment deprivation reduced economic independence and could limit women's ability to access healthcare services. Furthermore, the findings showed that educational deprivation affected women's access to maternal healthcare information and their capacity to make informed healthcare decisions. The study equally revealed that poor living conditions, inadequate basic amenities, and transportation difficulties constituted additional barriers to maternal healthcare utilisation. Therefore, the study concludes that socioeconomic deprivation has important implications for maternal healthcare utilisation among women of reproductive age in Ishiagu, Ivo Local Government Area, and that improving maternal health requires attention to the socioeconomic conditions in which women live.

Recommendations

Based on the findings of the study, the following recommendations are made:

1. Government should strengthen poverty reduction and income support programmes for economically deprived households to improve women's ability to meet maternal healthcare expenses.
2. Government and relevant agencies should promote employment and livelihood opportunities for women to increase their financial independence and capacity to access maternal healthcare services.
3. Health authorities should strengthen maternal health education and community awareness programmes, particularly for women with limited educational opportunities.
4. Government should improve roads, transportation, housing conditions, water supply, sanitation, and other basic amenities in Ishiagu to reduce living-condition barriers to maternal healthcare utilisation.

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