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ABSTRACT:

Low access to maternal health care services has continue to pose a major health challenge leading to high maternal mortality rates in most developing countries. In fact the prevalence of non-utilization of these services among 26% of Nigerian Women of reproductive age is still a major concern to all stakeholders in the actualization Sustainable Development Goals by year 2030. However, considering the complexity healthcare utilization in Nigeria, the relationship between a particular health care utilization pattern and the linkage between women autonomy and wealth status has not been established so far. The aim of this study is to determine the patterns of women autonomy and poverty-wealth indices and establish their relationships with maternal healthcare utilization in Nigeria. A 2013 nationally representative cross-sectional study data of Nigerian Demographic Health Survey (NDHS) was used to assess estimates, at rural and urban level. Factor analysis was used for exploring the existence of patterns in women autonomy and wealth status and factor score for their relationship with maternal healthcare utilization in both rural and urban population. Data analysis involving 38,948 women in Nigeria revealed the presence three patterns of wealth status to include 7,132 women (poorest group) representing 18.3%; 7428 women who are moderately poor represent 19.1% and women from not poor household were 24,388 representing 62.6%. On the other hand, levels of women autonomy were categorized into two as derived from four dimensions of women decision making either alone or jointly with partner. There exists a strong relationship between the linkage of women autonomy, household wealth status and maternal utilization of health care services in rural and urban Nigeria women. These results will help identify the disadvantaged place of residence with maternal healthcare utilization along the principal determinants so as to help in the formulation of Policies accordingly to address the state.