

**INFLUENCE OF SOCIO-ECONOMIC STATUS AND PROXIMITY TO
HEALTHCARE FACILITIES ON WOMEN'S DELIVERY LOCATION CHOICES IN
IBIONO IBOM LOCAL GOVERNMENT AREA**

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ABSTRACT

The study examined the influence of socio-economic status and proximity to healthcare facilities on women's delivery location choices in Ibiono Ibom Local Government Area of Akwa Ibom State, Nigeria. Two research questions and two null hypotheses were formulated to guide the study. A survey research design was adopted for the study. The population comprised women of reproductive age in Ibiono Ibom Local Government Area, while a sample of 351 respondents was selected using simple random sampling technique. A structured questionnaire titled Socio-economic and Proximity Factors on Delivery Location Questionnaire (SPFDLQ) was used for data collection. The instrument was validated by experts and a reliability coefficient of 0.84 was obtained using Cronbach Alpha method. Data collected were analyzed using mean and chi-square statistics to answer research questions and test hypotheses at 0.05 level of significance. The findings revealed that socio-economic status has a significant influence on women's delivery location choices, as women with higher income levels, education, and financial stability were more likely to utilize health facilities for childbirth, while those with lower socio-economic status tended to opt for home delivery or traditional birth attendants. The study further revealed that proximity to healthcare facilities significantly influences delivery location choices, as women who reside closer to health centers are more likely to deliver in hospitals compared to those in remote areas who face challenges such as distance, transportation difficulties, and poor road infrastructure. Based on the findings, it was concluded that both socio-economic status and proximity to healthcare facilities are critical determinants of women's delivery location choices in Ibiono Ibom Local Government Area. It was recommended, among others, that government and health stakeholders should implement policies that improve access to affordable maternal healthcare services and establish more functional health facilities in rural communities to reduce distance barriers and promote safe delivery practices.

KEYWORDS: Socio-economic Status, Proximity to Healthcare Facilities, Delivery Location Choice, Nursing Mothers

INTRODUCTION

Women's delivery location choice refers to the decision made by pregnant women regarding where to give birth, whether in a health facility such as a hospital or clinic, or outside a health facility such as at home or with traditional birth attendants. It reflects the behavioural outcome of maternal health-seeking decisions influenced by personal, socio-economic, and environmental factors. Delivery location choice is a critical determinant of maternal and neonatal outcomes because it directly affects access to skilled birth attendance, emergency obstetric care, and safe delivery practices (WHO, 2023). This decision-making process is often shaped by the availability of healthcare services, affordability, cultural beliefs, and physical accessibility to health facilities. According to Ononokpono and Odimegwu (2014), women's choice of delivery location is strongly influenced by their socio-economic environment and the accessibility of healthcare services within their communities. While institutional delivery is recommended for safe childbirth, many women in low-resource settings still deliver outside health facilities due to financial constraints, distance barriers, and limited healthcare infrastructure, thereby increasing the risk of maternal and neonatal complications.

Women's delivery location choice has become a major public health concern globally, particularly in developing countries where a significant proportion of births still occur outside formal healthcare facilities. Despite improvements in maternal health services, many women continue to rely on home delivery or traditional birth attendants, especially in rural and underserved areas. This trend is largely driven by inequalities in socio-economic development and disparities in access to healthcare services. Globally, maternal health outcomes remain uneven, with women in low-income settings experiencing higher risks of complications due to delayed or non-use of skilled birth services (Montagu *et al.*, 2011). The persistence of home delivery in many regions reflects broader structural inequalities in healthcare systems, including unequal distribution of facilities, poverty, and inadequate transportation networks.

In Nigeria, maternal healthcare utilization remains a significant challenge despite ongoing government and international interventions aimed at improving institutional delivery rates. A considerable proportion of women, particularly in rural communities, still deliver outside health facilities due to financial limitations, poor access to healthcare services, and cultural preferences. Regional disparities are also evident, with lower rates of facility-based delivery in northern and rural areas compared to southern and urban regions. These disparities reflect broader socio-economic inequalities and uneven distribution of healthcare infrastructure across the country. According to the Nigeria Demographic and Health Survey (NPC and ICF, 2019), institutional delivery is significantly lower among women in rural areas and those from poorer households, highlighting persistent inequalities in maternal healthcare access.

Socio-economic status refers to the social and economic position of an individual or household in relation to others within society, often measured through income, education, and occupation. It plays a significant role in determining access to healthcare services and health-related decision-making, including where a woman chooses to deliver her baby. Women with higher socio-economic status are more likely to utilize health facility delivery services because they have greater financial capacity, higher levels of education, and better access to health information. Education enhances awareness of pregnancy-related risks and the importance of skilled birth attendance, while income reduces financial barriers such as transportation costs, service charges, and other indirect costs associated with facility-based delivery. In contrast,

women with low socio-economic status are more likely to deliver at home due to financial constraints, low health literacy, and limited autonomy in decision-making (Fagbamigbe and Idemudia, 2015).

Proximity to healthcare facilities refers to the physical distance or travel time between a woman's place of residence and the nearest health facility where delivery services are provided. It is a critical determinant of maternal healthcare utilization because childbirth often requires timely access to skilled care and emergency services. Women who live closer to healthcare facilities are more likely to use institutional delivery services because they can access care more quickly, at lower transportation cost, and with reduced risk of delay during labour. Conversely, women residing in remote or rural areas often face long distances, poor road networks, and inadequate transportation systems, which discourage them from seeking facility-based delivery care. According to Gabrysch and Campbell (2009), geographic accessibility is one of the strongest predictors of maternal health service utilization in low-resource settings, as distance significantly affects both timing and decision to seek care during childbirth.

Empirical studies have consistently shown that socio-economic status and proximity to healthcare facilities significantly influence women's delivery location choices. Okoli et al. (2020) found significant socio-economic inequalities in maternal healthcare utilization in Nigeria, with wealthier women more likely to deliver in health facilities. Similarly, Johnson et al. (2020) reported that distance to health facilities (45.4%) and cost of services (34.6%) were the major determinants of delivery location among women in southern Nigeria. Oburota et al. (2023) also confirmed that socio-economic disparities strongly influence maternal healthcare utilization patterns across Nigeria. Adewuyi et al. (2020) emphasized that geographic accessibility significantly affects institutional delivery uptake, especially in rural areas with poor infrastructure. Adamu et al. (2019) found that poverty and rural residence reduce the likelihood of facility-based delivery in northern Nigeria. Ononokpono and Odimegwu (2014) similarly reported that low socio-economic status and long distance to health facilities significantly increase home delivery practices. Collectively, these studies demonstrate that socio-economic status and proximity to healthcare facilities are key determinants of women's delivery location choices. However, a major gap in the literature is that most studies treat these variables separately or focus on broad national analyses, with limited attention to localized settings where both factors may interact uniquely. This study therefore seeks to address this gap by examining the combined influence of socio-economic status and proximity to healthcare facilities on women's delivery location choices in Ibiono Ikom Local Government Area.

STATEMENT OF THE PROBLEM

Women's choice of delivery location has remained a major maternal health concern, particularly in low-resource settings where a significant proportion of childbirths still occur outside health facilities. Although institutional delivery is widely promoted as the safest option for reducing maternal and neonatal complications, many women continue to give birth at home or with traditional birth attendants. This situation exposes mothers and newborns to preventable risks such as haemorrhage, sepsis, obstructed labour, and neonatal deaths. The persistence of home delivery practices not only undermines efforts to reduce maternal mortality but also reflects deeper systemic inequalities in access to healthcare services. In addition, limited access to skilled birth attendants, poor road networks, and inadequate healthcare infrastructure further worsen the situation, especially in rural and hard-to-reach

communities. The problem is further intensified by socio-economic constraints such as poverty, low educational attainment, and inability to afford transportation or medical costs, as well as geographical barriers that increase the time and difficulty required to reach health facilities. Despite ongoing maternal health interventions in Nigeria, the continued high rate of non-institutional delivery poses a serious challenge to achieving improved maternal health outcomes and equitable access to safe delivery services.

Despite the growing recognition of these challenges, there is limited empirical evidence that specifically examines the combined influence of socio-economic status and proximity to healthcare facilities on women's delivery location choices, particularly within local government contexts such as Ibiono Ibom Local Government Area. Most existing studies tend to examine socio-economic factors or geographic accessibility in isolation or at broader national or regional levels, thereby overlooking how these factors interact at the community level to influence women's decisions regarding place of delivery. This gap in knowledge makes it difficult for policymakers and health planners to design targeted interventions that address the specific barriers faced by women in different local settings. Therefore, this study seeks to fill the existing gap by investigating the influence of socio-economic status and proximity to healthcare facilities on women's delivery location choices in Ibiono Ibom Local Government Area.

PURPOSE OF THE STUDY

The main purpose of the study was to examine the influence of socio-economic status and proximity to healthcare facilities on women's delivery location choices in Ibiono Ibom Local Government Area. Specifically, the study examined:

- i) The influence of socio-economic status on women's delivery location choices in Ibiono Ibom Local Government Area
- ii) The influence of proximity to healthcare facilities on women's delivery location choices in Ibiono Ibom Local Government Area

RESEARCH QUESTIONS

- i) What is the influence of socio-economic status on women's delivery location choices in Ibiono Ibom Local Government Area?
- ii) What is the influence of proximity to healthcare facilities on women's delivery location choices in Ibiono Ibom Local Government Area?

RESEARCH HYPOTHESES

- i) There is no significant influence of socio-economic status on women's delivery location choices in Ibiono Ibom Local Government Area
- ii) There is no significant influence of proximity to healthcare facilities on women's delivery location choices in Ibiono Ibom Local Government Area

METHODS

A survey research design was adopted for the study. This design was considered appropriate because it allowed the researcher to collect data from respondents and describe the existing relationships between variables without manipulation. The population of the study consisted of women of reproductive age in Ibiono Ibom Local Government Area. A sample size of 351 respondents was selected using simple random sampling technique. This ensured that every eligible woman had equal chance of being selected. A self-structured questionnaire titled Socio-economic and Proximity Factors on Delivery Location Questionnaire (SPFDLQ) was used for data collection. The questionnaire was structured on a four-point Likert scale of regularly, often, somethings and never. The instrument was validated by experts in health education and measurement and evaluation to ensure clarity, relevance, and appropriateness. The reliability of the instrument was determined using Cronbach Alpha, yielding a coefficient of 0.84, indicating high reliability. Mean was used to answer research questions while chi-square statistics was used to test hypotheses at 0.05 level of significance.

RESULTS

Research Question 1: What is the influence of socio-economic status on women’s delivery location choices in Ibiono Ibom Local Government Area?

Research Hypothesis 1: There is no significant influence of socio-economic status on women’s delivery location choices in Ibiono Ibom Local Government Area

Table 1: Mean and Chi-square Analysis of influence of socio-economic status on women’s delivery location choices in Ibiono Ibom Local Government Area

s/n	Statement	Responses				Total	X ² cal.	X ² crit.
		R	O	S	N			
1	My household income influences my decision on where to deliver my baby.	202	103	33	12	351		
2	I prefer home delivery because hospital delivery is too expensive for my family.	195	101	38	17	351		
3	My level of education affects my awareness of the importance of delivering in a health facility.	201	101	31	18	351		
4	The cost of transportation to the hospital affects my choice of delivery location.	200	65	96	13	351		
5	I am more likely to deliver at home when I cannot afford hospital-related expenses.	190	67	95	22	351		
Total		988	507	293	82	1755		
Expected Frequencies		197.6	101.4	58.6	16.4		79.8	21.03

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Df=12; 0.05 level of significance.

The analysis in table 1 produced a calculated X^2 value of 79.8 which is greater than the critical X^2 value of 21.03 at 0.05 level of significance with 12 degree of freedom. Based on this result, the null hypothesis was rejected. Therefore, there is a significant influence of socio-economic status on women’s delivery location choices in Ibiono Ibom Local Government Area. This implies that women’s decision on where to deliver their babies in Ibiono Ibom Local Government Area is largely shaped by their financial capacity, level of education, and occupational status, such that women with higher socio-economic status are more likely to utilize health facilities for childbirth, while those with lower socio-economic status are more inclined toward home delivery due to cost constraints and limited access to resources.

Research Question 2: What is the influence of proximity on women’s delivery location choices in Ibiono Ibom Local Government Area?

Research Hypothesis 2: There is no significant influence of proximity on women’s delivery location choices in Ibiono Ibom Local Government Area

Table 2: Mean and Chi-square Analysis of influence of proximity on women’s delivery location choices in Ibiono Ibom Local Government Area

s/n	Statement	Responses				Total	X^2 cal.	X^2 crit.
		R	O	S	N			
1	The distance from my home to the nearest health facility influences where I choose to deliver.	194	103	38	18	351		
2	I prefer to deliver at home when the health facility is far from my residence.	190	67	95	22	351		
3	Poor road conditions make it difficult for me to access a health facility during labour.	200	65	96	13	351		
4	I am more likely to use a health facility when it is located close to my home.	201	124	31	18	351		
5	Lack of transportation to the hospital affects my decision on where to deliver	200	65	96	13	351		
Total		985	445	356	84	1755		
Expected Frequencies		197	89	71.2	16.8		75.3	21.03

Df=15; 0.05 level of significance.

The analysis in table 2 produced a calculated X^2 value of 75.3 which is greater than the critical X^2 value of 21.03 at 0.05 level of significance with 12 degree of freedom. Based on this result, the null hypothesis was rejected. Therefore, there is a significant influence of proximity on women’s delivery location choices in Ibiono Ibom Local Government Area. This implies that the physical distance between women’s residences and the nearest health facilities, as well as the ease of transportation and road accessibility, plays a critical role in determining where they deliver their babies, such that women who live closer to health facilities are more likely to

opt for institutional delivery, while those who reside in remote or hard-to-reach areas are more likely to deliver at home due to travel difficulties, delays, and limited access to emergency obstetric care.

DISCUSSION OF FINDINGS

The findings of this study revealed that socio-economic status has a significant influence on women's delivery location choices in Ibiono Ibom Local Government Area. This indicates that women's financial capacity, educational attainment, and occupational status are critical determinants of their maternal health-seeking behaviour. Women with higher socio-economic status are more likely to utilize health facility delivery services because they possess the financial resources required to cover direct and indirect costs of care, including transportation, medical fees, and essential supplies. In addition, education enhances their awareness of pregnancy-related risks and the benefits of skilled birth attendance, thereby promoting informed decision-making. This finding is consistent with the position of Fagbamigbe and Idemudia (2015), who reported that socio-economic inequalities significantly influence maternal health service utilization in Nigeria, with wealthier and more educated women showing higher likelihood of institutional delivery. Similarly, Okoli et al. (2020) found that women in higher wealth quintiles are significantly more likely to access skilled birth services compared to those in lower socio-economic groups. Oburota et al. (2023) further confirmed that disparities in income and education continue to shape maternal healthcare utilization patterns across Nigeria. The implication of these findings is that socio-economic disadvantage remains a major barrier to safe delivery practices, as women with limited financial resources and low educational levels are more likely to opt for home delivery due to cost constraints, low health literacy, and restricted decision-making autonomy.

The study also found that proximity to healthcare facilities significantly influences women's delivery location choices. This suggests that geographic accessibility, including distance to health facilities, transportation availability, and road conditions, plays a vital role in determining whether women utilize institutional delivery services. Women who reside closer to healthcare facilities are more likely to access skilled care because of reduced travel time, lower transportation costs, and the ability to reach health services promptly during labour. Women in remote or rural areas often face significant barriers such as long distances, poor road networks, and lack of transportation, which discourage facility-based delivery and increase the likelihood of home births. This finding aligns with Gabrysch and Campbell (2009), who identified geographic accessibility as one of the strongest predictors of maternal healthcare utilization in low-resource settings. It is further supported by Adewuyi et al. (2020), who emphasized that physical access to health facilities significantly determines institutional delivery uptake in Nigeria, particularly in rural communities. Johnson et al. (2020) also reported that distance to health facilities is a major determinant of delivery location, accounting for a substantial proportion of women's decisions in southern Nigeria. In addition, Adamu et al. (2019) and Ononokpono and Odimegwu (2014) found that rural residence and long travel distances significantly reduce the likelihood of facility-based delivery, thereby increasing home delivery practices.

CONCLUSION

Based on the findings of the study, it was concluded that socio-economic and environmental factors are that contribute to women's delivery location choices. This implies that women's decisions on where to deliver their babies are influenced by their economic conditions and the physical environment in which they live, such that women with better financial capacity and favorable environmental conditions are more likely to utilize health facility delivery services, while those facing economic hardship and environmental barriers are more likely to opt for home delivery.

RECOMMENDATIONS

Based on the findings of the study it was recommended that:

- Government should implement free or subsidized delivery care and transportation support for pregnant women to help those in economic disadvantaged group to overcome financial barriers and increase their use of health facility delivery services.
- The ministry of education should establish more health facilities in rural and underserved areas, as well as improve road networks and transportation systems to reduce distance barriers and enable women to access skilled delivery services more easily and promptly.

REFERENCES

- Adewuyi, E. O., Auta, A., Khanal, V., Babar, Z. U. D., Rossing, H., and Zhao, M. (2020). Geographic accessibility and maternal health service utilization in Nigeria. *BMC Health Services Research*, 20, 1-12.
- Adamu, Y. M., Salihu, H. M., and Saka, M. J. (2019). Determinants of place of delivery in northern Nigeria. *African Journal of Reproductive Health*, 23(3), 85-94.
- Fagbamigbe, A. F., and Idemudia, E. S. (2015). Wealth and education inequalities in maternal health service use in Nigeria. *BMC Pregnancy and Childbirth*, 15, 1-10.
- Gabrysch, S., and Campbell, O. M. R. (2009). Still too far to walk Determinants of delivery service use. *International Journal of Gynecology and Obstetrics*, 106(2), 89-99.
- Johnson, O. E., Obidike, P. C., and Eroh, M. U. (2020). Determinants of delivery location among women in southern Nigeria. *Nigerian Postgraduate Medical Journal*, 27(1), 42-48.
- Oburota, C. S., Okungbowa, E. F. O., and Eke, F. A. (2023). Socio-economic inequalities in maternal healthcare utilization in Nigeria. *Journal of Population and Social Studies*, 31(2), 210-225.
- Okoli, U., Hajizadeh, M., Rahman, M. M., and Khanam, R. (2020). Geographical and socioeconomic inequalities in maternal healthcare utilization in Nigeria. *BMC Health Services Research*, 20, 849.
- Ononokpono, D. N., and Odimegwu, C. (2014). Determinants of maternal health care utilization in Nigeria. *African Population Studies*, 28(1), 730-743.
- Say, L., and Raine, R. (2007). A systematic review of inequalities in maternal health care. *Bulletin of the World Health Organization*, 85(10), 812-819.