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MATERNAL HEALTHCARE UTILIZATION AND REPORTED CHILD HEALTH OUTCOMES IN SELECTED GOVERNMENT HOSPITALS IN DELTA NORTH SENATORIAL DISTRICT, DELTA STATE, NIGERIA

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ABSTRACT

Background: Antenatal, delivery and postnatal services provide opportunities to prevent, identify and manage maternal and newborn health risks. Local evidence can help services respond to barriers affecting families. Objective: To examine the association between maternal healthcare utilization and reported child health outcomes among women attending selected government hospitals in Delta North Senatorial District, Delta State, Nigeria.

Methods: The source thesis describes a cross-sectional questionnaire study conducted at Federal Medical Centre, Asaba; General Hospital, Ogwashi-Ukwu; and General Hospital, Ibusa. Its abstract reports 330 respondents. Descriptive statistics and Pearson product–moment correlation were reported. The methods chapter, however, gives a planned sample of 355; the final analytic sample and all statistical outputs must be reconciled with the original dataset before submission.

Results: The thesis reports generally favourable agreement-scale responses for child immunization, lower frequency of illness, normal growth and development, absence of birth complications, exclusive breastfeeding, fewer hospitalizations and good general health (reported grand mean 3.32; n=330). It reports a positive correlation between maternal healthcare utilization and child health outcomes (r=0.906, described as significant at the 0.01 level), and between antenatal clinic visitation and child outcomes (r=0.948, described as significant at the 0.01 level). The available manuscript extract does not show exact p-values, confidence intervals or complete correlation tables; these coefficients are therefore provisional.

Conclusion: The thesis reports strong positive associations between maternal-care utilization indicators and self-reported child health indicators. Because the design is cross-sectional and measures are self-reported, the findings cannot establish causation. The manuscript should not be submitted until the sample discrepancy, correlation tables and coding of composite measures have been checked against the source data.

KEYWORDS: antenatal care; maternal healthcare utilization; child health; Nigeria; Delta State; cross-sectional study.

1. INTRODUCTION

Maternal healthcare spans pregnancy, childbirth and the postnatal period. Antenatal care can support health promotion, screening, prevention and timely recognition of pregnancy-related risks; skilled care during labour can support the management of complications; and postnatal services provide opportunities to assess maternal recovery and newborn wellbeing. The World Health Organization's antenatal-care guideline emphasizes timely, evidence-informed and person-centred care throughout pregnancy (World Health Organization [WHO], 2016).

Service utilization is shaped not only by whether facilities exist but also by affordability, distance, transport, perceived quality, education, household resources and the experience of care. Research in south-eastern Nigeria has examined patterns and determinants of maternal and child health service use, illustrating the relevance of local context to service planning (Agunwa et al., 2017). Evidence on socioeconomic inequalities in access also highlights that access is not evenly distributed across population groups (Adeyanju et al., 2017).

The thesis underpinning this manuscript focuses on women recruited from three government hospitals in Delta North Senatorial District. It includes reported child indicators such as immunization, illness frequency, growth and development, birth complications, exclusive breastfeeding, hospitalization and general health. These indicators are relevant to service planning, but self-reported responses should not be interpreted as independently verified clinical outcomes.

2. OBJECTIVE

To examine the association between maternal healthcare utilization and reported child health outcomes among women attending selected government hospitals in Delta North Senatorial District, Delta State, Nigeria.

3. METHODS

3.1 Study design and setting

A cross-sectional descriptive design was reported in the source thesis. The study settings were Federal Medical Centre, Asaba; General Hospital, Ogwashi-Ukwu; and General Hospital, Ibusa, all in Delta North Senatorial District, Delta State, Nigeria.

3.2 Participants and sampling

The thesis describes pregnant women attending antenatal clinics in the three selected hospitals and reports simple random sampling. The methods chapter gives a target sample of 355 from a stated population of 950, whereas the abstract and results tables use n=330. Before publication, the authors must confirm how many questionnaires were distributed, returned, excluded and analysed; provide a response rate; and state the final sample consistently. The sampling frame excludes women who did not attend antenatal clinics, limiting generalizability to all pregnant women in the district.

3.3 Instrument and measures

Data were reportedly collected with a structured questionnaire. Maternal-care utilization indicators included antenatal attendance, early booking, number of visits, tetanus immunization, health education, facility delivery, skilled attendance, postnatal-care attendance and newborn check-up within 48 hours. Child-health indicators included immunization, frequency of illness, growth and development, birth complications, exclusive breastfeeding, hospitalization and general health status. The original questionnaire, scoring rules and reliability coefficient should be supplied in the final submission.

3.4 Statistical analysis

The thesis reports frequencies, percentages and Pearson product–moment correlation. The final article should specify the statistical software and version, missing-data handling, how composite scores were calculated, assumptions checked for Pearson correlation, the exact analytic n for each test, two-sided p-values and 95% confidence intervals. If composite scores are ordinal or substantially non-normal, the appropriateness of Pearson correlation should be reassessed.

3.5 Ethics

The thesis states that permission and ethics approval were obtained from the relevant hospital research and ethics committees and that informed consent, voluntary participation and confidentiality were observed. For publication, insert the approving committee names, approval/reference numbers and approval dates from the official letters; do not infer or invent these identifiers.

4. RESULTS

The source thesis abstract reports that 63.6% of respondents were aged 30–39 years and 86.9% were married. The manuscript should include a complete participant-flow statement and the full sociodemographic table after checking the underlying data.

Table 1 summarizes the child-health indicators as presented in the thesis. The counts and means below are transcribed from the thesis results and require verification against the raw dataset and the questionnaire scoring key.

Reported child-health indicator	Strongly agree	Agree	Disagree	Strongly disagree	Reported mean
Child received immunization	190	105	25	10	3.41
Child rarely falls ill	175	115	25	15	3.30
Normal growth and development	180	110	25	15	3.32
No birth complications	185	105	25	15	3.33
Exclusive breastfeeding for six months	170	120	25	15	3.29
No frequent hospitalization	160	130	25	15	3.26
Good general health status	185	110	20	15	3.35

The reported grand mean was 3.32, interpreted in the thesis as generally positive child-health outcomes. The source reports r=0.906 for maternal healthcare utilization and child health outcomes and r=0.948 for antenatal clinic visitation and child outcomes; both were described as significant at the 0.01 level. The thesis also reports r=0.933 for knowledge of antenatal clinic visitation and child outcomes. Exact p-values, confidence intervals and full correlation matrices were not present in the extract reviewed for this draft.

5. DISCUSSION

The source results suggest that respondents who reported greater maternal healthcare utilization also tended to report more favourable child-health indicators. This is consistent with the clinical rationale for antenatal and postnatal services: these contacts can provide preventive interventions, counselling, screening and referral when needed (WHO, 2016). Findings from other Nigerian settings similarly support examining both service-use patterns and contextual determinants (Agunwa et al., 2017).

The magnitude of the reported correlations is very high. Before interpreting them, investigators should verify that the two scores do not share overlapping questionnaire items,

that all items were coded in the intended direction, and that the analysis was run on the correct cases. Common-method bias is also possible because exposure and outcome indicators were collected through the same questionnaire. A correlation does not show that service utilization caused the reported child outcomes, and potential confounding by socioeconomic status, maternal age, parity, prior health status and access cannot be excluded. The child-health table uses agreement-scale answers rather than clinically verified indicators or prevalence estimates with clearly defined eligible denominators. Accordingly, terms such as 'immunization coverage' or 'exclusive breastfeeding prevalence' should not be used unless the original data support those calculations and the denominators are clear.

6. LIMITATIONS

The study is cross-sectional, hospital-based and reliant on self-report. Women who never attended antenatal care are not represented by the stated sampling frame. The planned sample of 355 and reported analytic sample of 330 are inconsistent in the thesis. Full correlation tables, exact p-values, confidence intervals and a clearly documented scoring procedure must be confirmed. These limitations restrict causal interpretation and generalizability.

7. CONCLUSION

The thesis reports positive associations between maternal healthcare utilization and reported child-health outcomes among women attending three government hospitals in Delta North Senatorial District. These findings are potentially useful for generating local service-improvement priorities, but the statistical results and sample flow require verification before publication. The conclusions should remain associational and should not imply causal effects.

8. Practice and policy implications

- Strengthen clear, respectful antenatal counselling on preventive care, newborn care, immunization and breastfeeding.
- Review barriers to continued attendance, including transport, indirect costs, waiting time and perceived quality.
- Improve routine recording of maternal and child indicators and link self-reports with clinical records where consent and approvals permit.
- Use community outreach to reach women who are not currently represented in hospital-based antenatal samples.

Author declaration and submission notes

Funding, conflicts of interest, data availability, author contributions and ethics approval identifiers were not fully available in the source material reviewed for this draft. Complete these declarations truthfully before journal submission. Confirm the target journal's word limits, reference style and reporting checklist.

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