DETERMINANTS OF ANTE-NATAL HEALTH CARE UTILIZATION AMONG WOMEN IN NIGERIA.

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CERTIFICATION

This is to certify that KEHINDE ABIMBOLA GRACE of the Department of Demography and Social Statistics, Faculty of Social Sciences, carried out a Research on the Topic DETERMINANTS OF ANTE-NATAL HEALTH CARE UTILIZATION AMONG WOMEN IN NIGERIA in partial fulfillment of the award of Bachelor of Science (B.Sc.) in Demography and Social Statistics, under my Supervision.

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DEDICATION

This project is dedicated to the almighty God who gave me the strength and good health towards the completion of my study in Federal university Oye - Ekiti and to my parents Mr. And Mrs. KEHINDE for their moral, spiritual, and financial support throughout my academic years.

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ABSTRACT

Problems of pregnancy and birth delivery cause more deaths and disability than any other reproductive health problem. The situation is worse in developing countries like Nigeria due to inadequate access to antenatal care services and lack of utilization. A pregnancy not long after the previous childbirth may result in poor health outcomes for the mother, poor health status for the child and a reduction in probability of survival for both mother and child. There are past studies on maternal health in Nigeria, but few paid attention to antenatal care utilization among reproductive women in Nigeria. Therefore, this study assess the factors that determines antenatal care utilization among women in Nigeria, Data were obtained from 2013 NDHS, and weighted sample of 12,904 women. Univariate result showed that the socio demographic factor is significant with the antenatal care utilization. The bivariate analysis revealed that there is a significant association between socio-demographic characteristics and antenatal care utilization ($P<0.05$), There is strong significant association between age of women and antenatal care utilization ($\chi^2 = 155.01$, $P = 0.0000$). Results of the multivariate analysis, using binary logistic regression, the relationship between socio demographic characteristics and antenatal care utilization is statistically significant in ($OR=0.65$ $P<0.001$), showed that there is a significant relationship between socio-demographic characteristics(age of women, place of resident, level of education, ethnicity, region, religion, wealth index, occupation) and antenatal care utilization . In conclusion, without any doubt that there is significant influence of socio-demographic characteristics of women age 15-49 years on antenatal care utilization. I recommend that there should be further studies on antenatal care utilization among women, Nigeria.

CHAPTER ONE

INTRODUCTION

1.0 BACKGROUND TO THE STUDY

World health organization estimates that more than half a million women lose their lives in the process of reproduction worldwide every year and most of these mortalities are avoidable if mothers have access to antenatal care services {Zelalem 2000}. Improved maternal and neonatal outcomes have been associated with utilization of antenatal care services (MHCS) (Navaneetham & Dharmalingam, 2000; Mekonnen & Mekonnen, 2002; Babalola & Fatusi, 2009).

Globally more than 70% of maternal deaths are due to five major complications (which are directs obstetric complications): hemorrhage (25%), infections (15%), and complications of unsaved abortions (13%), hypertension (12%), and obstructed labor (8%) (Ochako, 2011). These complications occur at any time during pregnancy and child birth, often without fore warding and often requiring immediate access to emergency obstetric care for their management. The World Bank estimates that 74% of maternal deaths could be averted if all women had access to interventions that address complications of pregnancy and childbirth, especially emergency obstetric care (Ochako, 2011).

Complications of pregnancy and childbirth are a leading cause of maternal morbidities and mortalities for women of reproductive age (15 – 49 years) in developing countries. The WHO estimates that over 500,000 women and girls die from complications of pregnancy and childbirth each year, worldwide, with approximately 99% of these deaths occurring in developing countries. With a maternal mortality ratio of 545 deaths per 100,000 live births (WHO, 2008).

In sub-Saharan Africa 95% of maternal deaths occur annually and Asia. Africa has the highest burden of maternal mortality in the world and Sub-Sahara Africa is largely responsible for the maternal death figure for that region, contributing approximately 98% of the maternal deaths for the region (Seifu and meressa, 2017). Antenatal care utilization was low (Mokomane, 2009); Mpembeni, 2007), including Nigeria (Galadanci, 2007; Babalola & Fatusi, 2009); 51% of women who had live birth, visited antenatal clinics at least four times during their pregnancy,10% of women reported two or three antenatal visits during their last pregnancy, 34% of women did not receive any antenatal care. The results show that only 18% of women had their first antenatal visit in the first trimester of the pregnancy. (NPopC and ICF International, 2014). Sub Saharan Africa has the highest maternal mortality ratio in the world and account for more than half of maternal death worldwide. As the result disparities between developed and developing countries in terms of utilization of antenatal, delivery, and post natal services are unfairly large, in developed countries, it is estimated that about 97% of the pregnant women receive antenatal care and 99% use skilled obstetric service at delivery, whereas in developing countries, only 65% and 53% of women use antenatal care and skilled obstetric care services respectively (Zelalem, 2014).

In Nigeria, antenatal care utilization is lower than the African; Nigeria is lagging behind in antenatal care utilization. Coincidentally the Sub Saharan Africa region disproportionately bears the burden of maternal death and ill health compared with the developing countries. The statistics gotten from the World Health Organization (WHO, 2014), established that only 61% of pregnant women in Nigeria ever made at least one contact with a skilled health care provider and only 57% made the at least four visits (World Health Organization, 2002). In Nigeria, despite the free antenatal care in most states mostly socio demographics factors affecting antenatal care

utilization. There has been a global rise in antenatal care utilization to about 70% between 1990 and 2013 and substantial progress achieved in most region of the world, but increase in antenatal care utilization has been slow in sub Saharan Africa (Lincetto, and Gomez, 2010). In south east Nigeria, there are variations in the utilization of maternal health services. Antenatal care attendance (99.7%) and facility delivery (97%) is high, but post-natal care service utilization is low. (Emelumadu, Ukegbu and Oyeonoro, 2010). Maternal and reproductive health services in health systems constitute a large range of curative and preventative health services of particular importance to the health of women of reproductive age. It also refers to population –based services such as behavior change and health communication. It includes a range of services provided to women of reproductive age prior to conception, during pregnancy and after delivery, (Lule, Ramana, and Rosen, 2012). Furthermore, it exposes pregnant women to counseling and education about their own health and the care of their children. The positive outcome shown to exist between levels of care obtained during pregnancy and the use of safe delivery care and the antenatal care also stands to contribute indirectly to maternal mortality reduction. Pregnancy-related complications are a leading cause of death amongst women in reproductive age in developing countries. According to the United Nations (2005) more than half a million women in developing countries died each year during pregnancy or childbirth and twenty times that number suffer from injury or disability. This study will investigate if the lack of education, residence, or income has influence on antenatal care utilization of women.

1.1 STATEMENT OF PROBLEM

Millions of women in developing countries experience life threatening and other serious health problems related to conception or child delivery. Problems of pregnancy and birth delivery cause more deaths and disabilities than any other reproductive health problems (EC/UNFPA, 2000). The situation is worse in developing countries like Nigeria due to inadequate access to modern health care services and lack of proper utilization. This research seeks to fill the vacuum by examining whether socio demographic factors with special reference to age, education, employment, residence, religion have any significant influence on antenatal care utilization among reproductive women in Nigeria. The distances of the health care and rural locations have been generally reported to be strongly and negatively associated with the use of antenatal care (Babalola, 2009). The lack of skilled health attendance has been one of the reason women leave the primary health center in search of modern tertiary health institution.

Attitude of health workers to pregnant women is nothing to write about which makes women, take the decision of traditional health facilities in their neighborhood (Odetola, 2015). Lack of access to antenatal care services for pregnancy and delivery are among the main reason for high maternal and neonatal mortality rates worldwide (Alam AY, 2005). The present study intends to examine the relationship between socio demographics influence on antenatal care utilization among women of reproductive age in Nigeria.

1.2 RESEARCH QUESTIONS

1. What is the prevalence of antenatal care utilization among women of reproductive age in Nigeria?

2. What is the association between socio demographic factors and antenatal care utilization?

3. What is the relationship between socio demographic factors on antenatal care utilization?

1.3 GENERAL OBJECTIVES

The general objective of this study is to examine the relationship between socio-demographics and antenatal care utilization among women of reproductive age in Nigeria.

SPECIFIC OBJECTIVES

1. To examine the prevalence of antenatal care utilization among women of reproductive age in Nigeria.
2. To examine the association between socio demographic factors and antenatal care utilization.
3. To assess the relationship between socio demographic factors on antenatal care utilization.

1.4 JUSTIFICATION OF THE STUDY

Globally, skilled antenatal care and birth attendance has been advocated as the most crucial intervention to reduce maternal mortalities (Odetola, 2015). It is therefore necessary to find out whether these socio demographics have any correlation with antenatal care utilization ideals toward healthier and more innovative demographic behavior among reproductive women.

This study examines the relationship between socio demographic influences on antenatal care utilization among reproductive women in Nigeria. Especially concerning the utilization of antenatal care in Nigeria as it probes the extent of influence of antenatal care utilization on reproductive women. Nigeria has only achieved an average of 10% in reducing the maternal mortality. The knowledge of women about antenatal care utilization in relation to socio demographics will immensely be beneficial to health policy making at the regional and national levels as it could lead to the planning of intervention programs and behavioral changes.

1.5 DEFINITION OF IMPORTANT TERMS

Antenatal care: According to World Health Organization (WHO), antenatal care can be defined as the care provided by skilled healthcare professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both to mother and baby during pregnancy. It is the concept that defines the medical attention of care received by pregnant women during pregnancy but before the delivery of a live birth.

Health: According to World Health organization (WHO), Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Maternal health: This is defined as the status of mother's health during pregnancy and after birth.

Pregnancy: The period from conception to birth, after the egg is fertilized by the sperm and the implanted in the lining of the uterus, it develops into the placenta and embryo, and later into a foetus. Pregnancy usually lasts 40 weeks, beginning from the first day of the woman's last menstrual period, and is divided into three trimesters, each lasting for three months.

Foetus: An unborn vertebrate in the later stages of development, showing the main recognizable features of mature animal.

Education- the act or process of imparting or acquiring general knowledge, developing the powers of reasoning and judgment, and generally of preparing oneself or others intellectually for mature life.

Residence- is an establishment where it was originally or currently being used as a host as their main place of dwelling or home.

Occupation- refers to job, a person's role in society, often a regular activity performed for payment.

Religion-the belief in and worship of a superhuman controlling power, especially a personal God or gods

Region-an area or division especially part of a country or the world having definable characteristics but not always fixed boundaries.

Age- the length of time a person has lived or a thing has existed.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

Women of reproductive age has been defined according to World Health Organization as those between 15-49 years, and these constitute more than one fifth of the world's population and are repeatedly exposed to the risk of pregnancy and child bearing (WHO, 2014). Maternal health refers to the health of the mother during pregnancy, childbirth and the postpartum period. Antenatal care services utilization is important for early detection of mothers who are at high of illness and mortality during pregnancy. It is therefore easy for the services to be underused. In the developing countries, these problems are even more prevalent due to the current socio-demographic conditions and inaccessibility of health facilities (Fatusi, 2001). The utilization of antenatal care service is an essential strategy in reducing the risks associated with pregnancy and child bearing in this age group. The essential antenatal care services during pregnancy include antenatal care, skilled care at delivery and postpartum care and these are necessary to promote good health. Antenatal care is the care received during pregnancy from skilled health personnel such as the goal oriented model recommended by the WHO which include 4-5 visits for pregnant women who are not having medical problems. Antenatal care utilization (65%) in the developing countries is low when compared to that of the developed countries which is 97%. Skilled attendance at delivery is 53% in developing countries while it is 99% in the developed countries and postpartum care utilization is 30% compared to 90% in developed countries. In Nigeria antenatal care utilization is reported to be 63% (NPopC and ICF Macro, 2009), the wide

disparity in antenatal care indicators might explain the wide difference in maternal mortality ratio between the developed and developing countries.

The major objective of antenatal care is to ensure optimal health outcomes for the mother and her baby. Antenatal care from a trained provider is important in monitoring pregnancy and also to reduce morbidity risks for the mother and child during pregnancy and delivery. Antenatal care provided by a skilled health worker enables:

(i) early detection of complications and prompt treatment (e.g., detection and treatment of sexually transmitted infections),

(ii) prevention of diseases through immunisation and micronutrient supplementation,

(iii) Birth preparedness and complication readiness, and health promotion and disease prevention through health messages and counselling for pregnant women.

2.1 NUMBER AND TIMING OF ANTENATAL CARE VISITS

The antenatal care policy in Nigeria follows the WHO approach to promoting safe pregnancies, recommending at least four ANC visits for women without complications. This approach, called **focused antenatal care**, emphasises quality of care during each visit instead of focusing on the number of visits. The recommended schedule of visits is as follows: the first visit should occur by the end of 16 weeks of pregnancy, the second visit should be between 24 and 28 weeks of pregnancy, the third visit should occur at 32 weeks, and the fourth visit should occur at 36 weeks (NPopC and ICF International, 2014). However, women with complications, special needs, or conditions beyond the scope of basic care may require additional visits. Early detection of problems during pregnancy leads to more timely treatment and referrals in the case of complications.

2.2 ANTENATAL CARE IN NIGERIA

Pregnancy constitutes one of the most sensitive periods of a woman's life, both physically and mentally (Katz, Gibbs, and Karlan, 2008). Antenatal care has a history of more than 100 years; it is currently among the most important services provided by the healthcare system and its use in gaining increasing popularity (Alexander,and Kotelchuck, 2001). The purpose of antenatal care is to deliver a healthy newborn without jeopardizing the mother's health. The United Nations estimates that 529 000 women die each year from complications during pregnancy and childbirth Abou-Zahr CL,(1990-2001). In Nigeria, it is estimated that approximately 59,000 of maternal deaths take place annually as a result of pregnancy, delivery and post-delivery complications (WHO, UNICEF, UNFPA, 2004) despite the available antenatal health care services. Nigerian Health Review (2006), reports that one of the major causes of maternal deaths is inadequate motherhood services such as antenatal care. Approximately two-thirds of all Nigerian women and three-quarters of rural Nigerian women deliver outside the modern health facilities and without medically-skilled attendants present.

There are potential benefits to be had from some of the elements of antenatal care, and these benefits may be most significant in developing countries where morbidity and mortality levels among reproductive-age women are high. The antenatal period clearly presents opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. For example, if the antenatal period is used to inform women and families about danger signs and symptoms and about the risks of labor and delivery, it may provide the route for ensuring that

pregnant women do, in practice, deliver with the assistance of a skilled health care provider.

More so, antenatal period provides an opportunity to supply information on birth spacing, which is recognized as an important factor in improving infant survival. Better understanding of fetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. Tetanus immunization during pregnancy can be life-saving for both mother and infant. The prevention and treatment of malaria among pregnant women, management of anemia during pregnancy and treatment of STIs can significantly improve fetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (malaria, STIs) during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal care services. (WHO 2001; Carroli, Villar, & Bergs, 1997).

2.2.1 Antenatal Care in Africa

In developing countries, two out of three women receive some antenatal care, but in South Asia the rate is barely half (UNICEF/WHO, 2002). Data from demographic and health (DHS), Multiplier indicator surveys and other national surveys in the late 1990s and 2001 gave some report on antenatal care study about 180 countries on average weighted by number of births. The data shows that efforts to extend the reach of antenatal care have been largely

successful. Only in few countries do level of antenatal care use fall below 50% of pregnant women, while this do not tell us anything about the quality of care offer, it is clear that women are able and willing to present for antenatal care, thus providing opportunity to give them information and services that can help them improve their health and that of their infants.

2.3 Factors Influencing Antenatal Care Service Utilization

Antenatal care (ANC) is an important determinant of safe delivery and may have a positive impact on the utilization of antenatal care services (Chakraborty, 2003). During antenatal care visits, essential services such as tetanus toxoid immunization, iron and folic acid tablets, and nutrition education are also provided (Magadi, Madise, & Rodrigues, 1999). One of the most important functions of ANC is to offer health information and services that can significantly improve the health of women and their infants (WHO & UNICEF, 2003). The maternal mortality ratio (MMR) has registered a decline rate from 212 per 1000,000 births in the period (2007-2009) to 178 in (2010-2012) (information Bureau, 2014). It has declined further to 167 per 100,000 live births in the period 2011-2013. This means an estimated 44,000 maternal deaths (death of a woman during pregnancy or within 42 days of termination of pregnancy) occur in the country every year. The MDG set target to reduce MMR by 75 per cent between 1990 and 2015. Based on the United Nation's Inter-Agency Expert Group's MMR estimates the publication.

Antenatal care is one of the components of maternal health care services; it is a systemic supervision of women during pregnancy to monitor the progress of foetal growth and to ascertain the well-being of the mother and the foetus (Ministry of Health and Family Welfare, Government of India, Maternal Health Division, 2010). A proper antenatal check-up provides necessary care to the mother and helps identify any complications of pregnancy such as anaemia,

hypertension etc., and slow/inadequate growth of the foetus. A number of studies have shown that lack of antenatal care services has been identified as one of the risk factors for maternal mortality (Anandalakshmy, Talwar, & Buckshee, 1993). Moreover, many studies have demonstrated the association between lack of antenatal care and perinatal mortality, low birth weight, premature delivery, pre-eclampsia, and anaemia (Coria-Soto, Bobadilla, and Notzon, 1996). Every pregnant woman should get a regular check-up as an integral part of maternity care and the care that is given to an expectant mother from the time that conception is confirmed until the beginning of labour (Viccars Anne, Fraser & Cooper, Myles, 2003). It offers pregnant women for the timely management of complications through referral to an appropriate facility for further treatment and an opportunity to get different services which alerts the woman to the risks associated with pregnancy, provides opportunity to prepare a birth plan and identify the facility for delivery and for discussion her options for safe delivery (Kwast, & Liff, 1993).

According to the study the utilization of antenatal care service, shows that majority of the women identified non Affordability of antenatal services, Schedule of ANC, Lack of knowledge about the existing services of ANC and Husband's acceptance of the services rendered as the major factors influencing its utilization.

Noting the importance of antenatal care and its utilization, this study was carried out to determine the socio demographic influence on antenatal care utilization among reproductive women in Nigeria. The findings revealed that majority of the women (47.1%) first heard of ANC in the hospital. Most of the women (83.3%) knew the services rendered at antenatal clinic and had adequate knowledge of the importance of antenatal care. The study also reveal that majority of women (56.9 %) attend ANC regularly; (57.1%) booked for antenatal care in the first trimester; and attend on appointment days after booking. The study also showed that majority of

the women opined that affordability of antenatal services, schedule of ANC, lack of knowledge about the existing services in ANC and Husband's acceptance of the services rendered as the major factors influencing its utilization. The findings also revealed that there was significant association between knowledge, distance, marital status, religion and level of education of women and their utilization of ANC services. Among safe motherhood advocates, antenatal care has been downplayed in recent years as an intervention for reducing maternal mortality. This has arisen in large part as a result of improved understanding of the casual pathways that lead to maternal deaths, notably absence of effective management for obstetric complications. There is ample evidence that cares during the antenatal period represents opportunity to deliver interventions that will improve maternal health, prenatal health and more than likely perinatal survival.

2.3.1 Factors Influencing antenatal Care Utilization in Nigeria

The United Nations estimates that 529,000 women die each year from complications during pregnancy and childbirth (Abou-Zahr CL, 1990-2001). In Nigeria, it is estimated that approximately 59,000 of maternal deaths take place annually as a result of pregnancy, delivery and post-delivery complications (WHO, UNICEF, UNFPA, 2007) despite the available antenatal health care services. A Nigerian woman is 500 times more likely to die in childbirth than her European counterpart. Mortality ratio is about 800- 1,500/100,000 live births with marked variation between geo-political zones 165 in south west compared with 1,549 in the North- east and between urban and rural areas (NPC, 2008).

Each year, about 6 million women become pregnant; 5 million of these pregnancies result in child birth (WHO), 2007). Antenatal care refers to the care that is given to an expectant

mother from the time that conception is confirmed until the beginning of labour (Viccars, 2003). Adequate utilization of antenatal health care services is associated with improved maternal and neonatal health outcomes. Antenatal care is expected to have impact on the development of the foetus and the infant as well as mother and this can only be achieved through early booking and regular attendance of antenatal clinic.

The trend of maternal mortality in developing countries has been increasing and various international organizations have reported that an important factor related to maternal and infant mortality has been linked to lack of antenatal care (Villar J, 2002). According to Federal Ministry of Health 2005, some of the dangers of pregnancy and childbirth can be avoided if the pregnant woman attends antenatal regularly. In order to decrease these mortality rates, regular antenatal care has to be instituted or reinforced which can only be achieved through identifying factors causing poor utilization of antenatal care services.

According to World Health Organization (2001) only 60% of women receive antenatal care in Nigeria, and not all of them attend the antenatal clinic regularly (Villar J, 2002). A study reported that with maternal risk held constant, low birth weight, and infant mortality were 1.5-5 times higher with late and less frequent antenatal care than with early and frequent care (Quick, Greenwick & Reghman, 1991). A study carried out on reproductive health issues showed that 69% of the recorded births, the mothers made 4 or more antenatal visits, while 20% made fewer than 4 visits and 6.3% did not attend at all which is contrary to WHO recommendation of at least four visits (Villar J, 2002).

This measures the population's use of modern antenatal health care services available to them. This includes the utilization of hospital resources, personal care home resources, and physician resources. Consequently, several definitions have been proposed, Utilization is defined

as the outcome of the interaction between health professionals and patients. (Donabedian, 1973). Utilization is a multidimensional process (Donabedian, 1973; Starfield 1998), With regards to decision-making power regarding women's health, proxy or indirect measures have been used to operationalize the factors that determine the antenatal care utilization among women, such as lack of education and poor knowledge of maternal health care has contributes to the delays in seeking care during pregnancy and childbirth. Poverty is also one of the major health determinants; poor mothers are at high risk of developing pregnancy related complications, because they can't pay for the required services (UNFPA, 2006; Ibor, 2011).

Socio demographic factors which determined the expectant of women sought in antenatal care services, education, age, income, occupation and parity. Women with secondary level of education and above were likely to visit the health centers 3.7 out of 4 times compared to women with primary or no formal education at all. Women of ages 31 above attend less health centers compared to women of 30years below. Expectant of women who receives little income attends health care centers less than people who earn more and able to afford the antenatal care services fees. (Nzioki, Onyango & Ombaka, 2015).

The term maternal health includes the health of women during pregnancy, childbirths and the postpartum period. It encompasses the health care dimension of family planning, perceptions, prenatal and postnatal care in order to reduce maternal morbidity and mortality (kumar and Singh, 2015). Antenatal care services is important as it offers pregnant women an opportunity to get different services which alerts the risks associated with pregnancy and her options for safe delivery, The health care system in Nigeria has a blend of private and public health care providers (Krishma and Singh 2013). In Nigeria health care services are divided into public sectors and private sectors, the public sectors are under the federal hospitals, state specialists and