

MATERNAL, NEWBORN, & CHILD HEALTH NIGERIA STATE PROFILES

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START
CENTER

STRATEGIC ANALYSIS,
RESEARCH & TRAINING CENTER

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PROJECT TEAM



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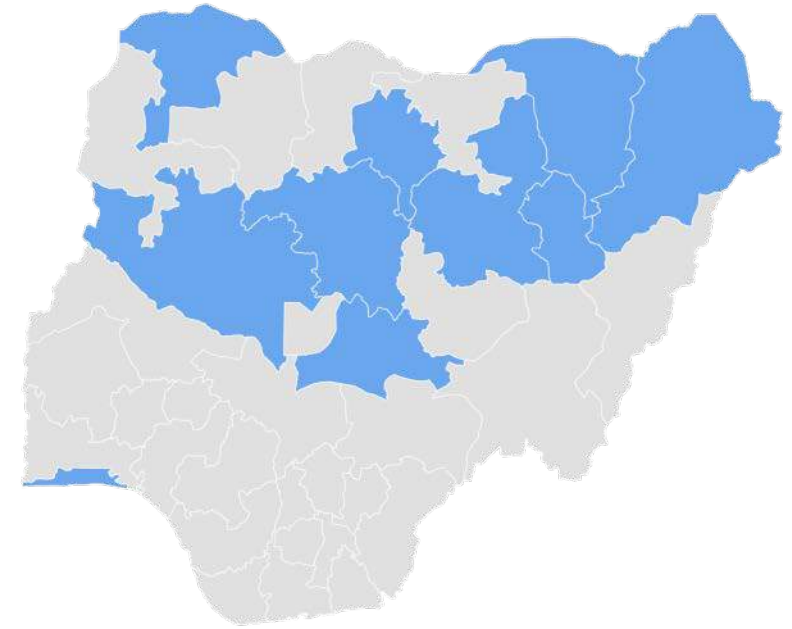
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A woman with her back to the camera, wearing a red and white striped headwrap and a matching long-sleeved top and skirt. She is carrying a baby in a teal-colored sling on her back. A brown leather bag is slung over her shoulder. She is walking on a paved path in a courtyard. In the background, there are buildings, a fence, and laundry hanging on a line. Another woman in a green patterned dress is visible on the right side of the frame.

BACKGROUND & SCOPE

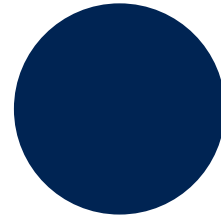
BACKGROUND & SCOPE

- Research health perceptions and utilization of maternal and child health services in ten selected Nigerian states
 - Kano, Kaduna, Borno, Bauchi, Sokoto, Yobe, Lagos, Niger, Gombe, and Nasarawa.
- Collate current data and longitudinal trends on ten MNCH health indicators
 - By state
 - By equity measures (wealth quintile, maternal education, urban/rural residence)
- Search literature for information on what is driving demand and utilization of MNCH service

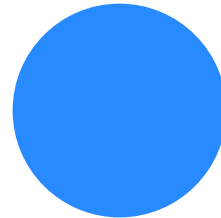




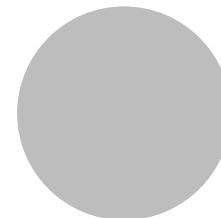
PRESENTATION OVERVIEW



**Analysis of State-Specific
Health Indicators**



Results of Literature Review

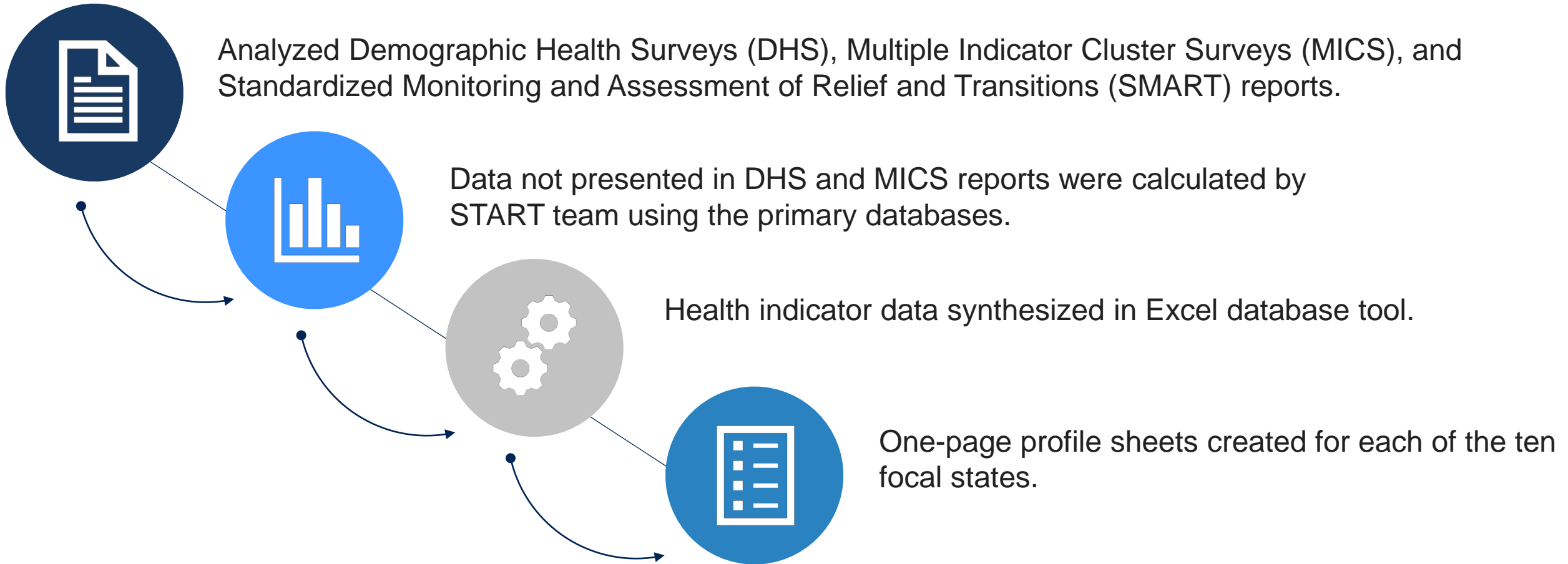


Possible Intervention Areas

A healthcare worker in a white coat is sitting at a table, holding a document and pointing to it with a blue pen. A patient, wearing a red and patterned shirt, is sitting across from her, looking at the document. The table has several papers and small containers on it. The background shows a window with vertical blinds.

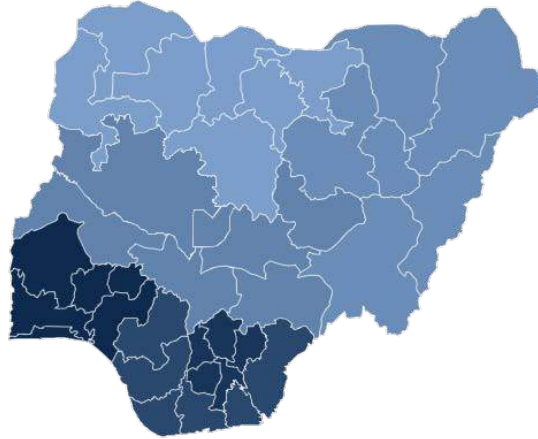
ANALYSIS OF STATE-SPECIFIC HEALTH INDICATORS

METHODOLOGY

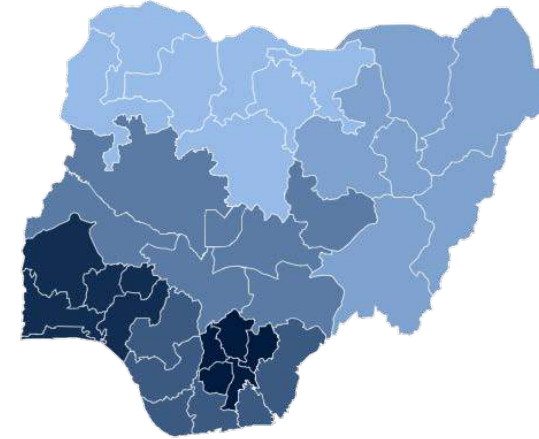


REGIONAL DIFFERENCES

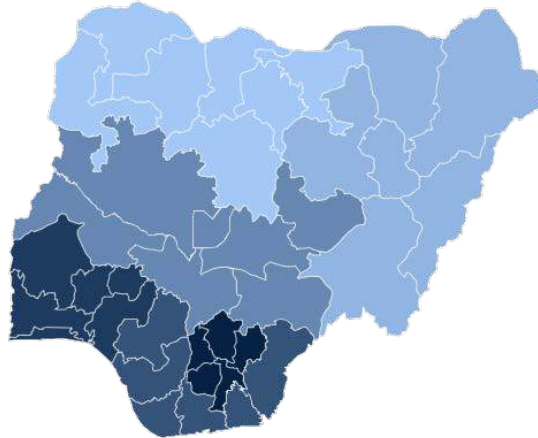
4+ Antenatal Care Visits



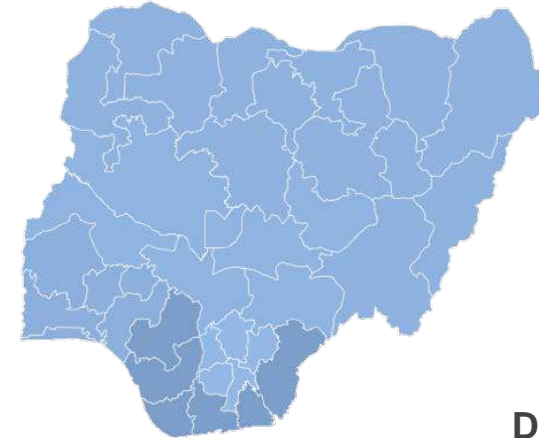
Skilled Attendant at Birth



Institutional Delivery



Unmet Need for Family Planning



Data Source: 2016 MICS

Key takeaway: There is a clear difference in utilization of services by region with higher utilization in southern zones compared to northern zones. Less variation in unmet need for family planning, most likely due to the subjective nature of this indicator.

SELECTED STATES

DEMOGRAPHIC OVERVIEW

Kano

- North West Zone
- 13,076,992 inhabitants
- 44 local government areas
- Per capita GDP = \$1,288
- Second largest Industrial Center
- Mainly Islam
- Free MNCH services



Kaduna

- North West Zone
- 8,252,366 inhabitants
- 23 local government areas
- Per capita GDP = \$1,666
- Agriculture and Commercial Commerce
- Christianity and Islam
- Free MNCH services



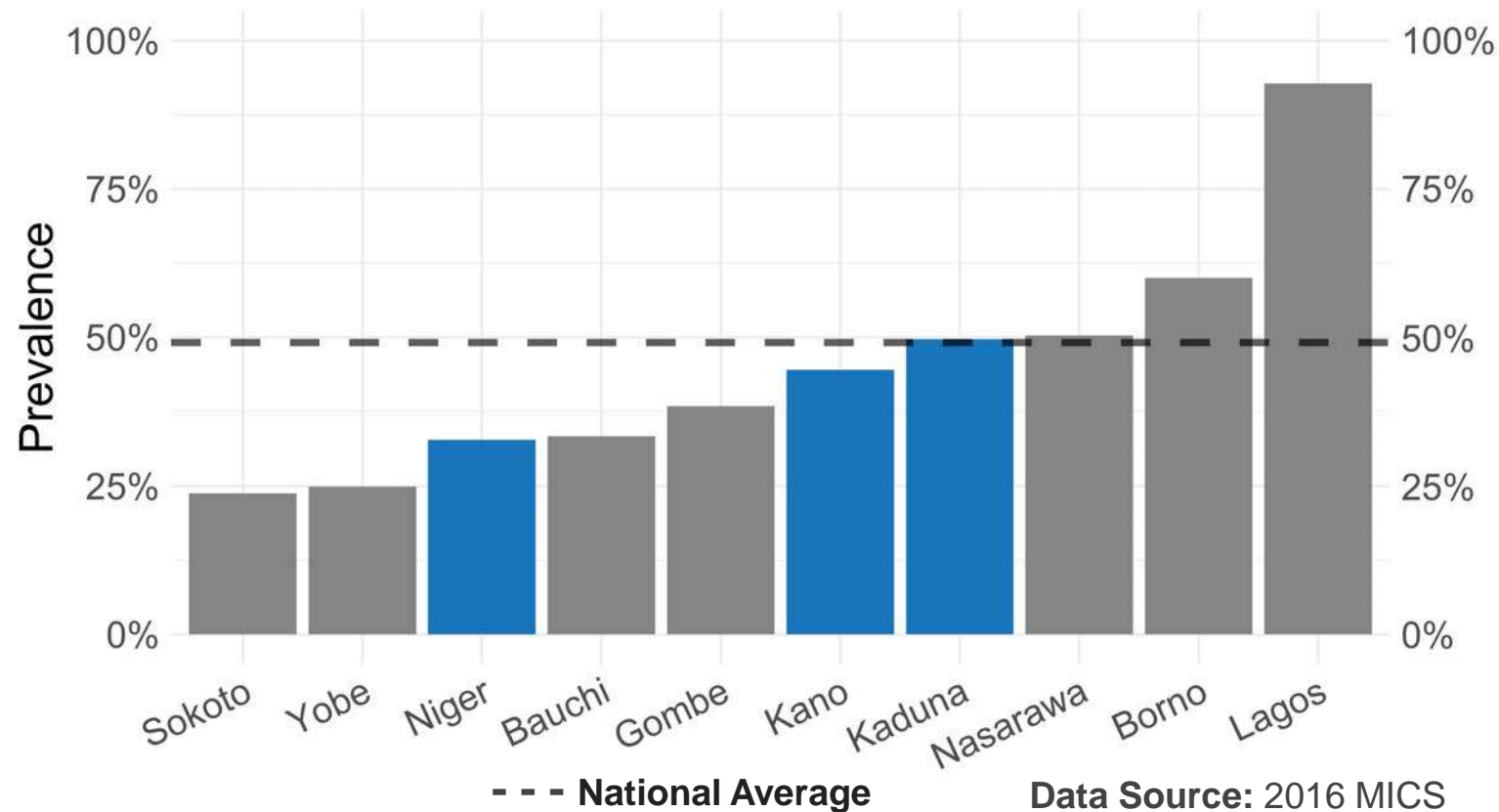
Niger

- North Central Zone
- 5,556,247 inhabitants
- 25 local government areas
- Per capita GDP = \$ 1,480
- Primarily agriculture
- Mainly Christianity
- No free MNCH services



COMPARISON OF HEALTH INDICATORS

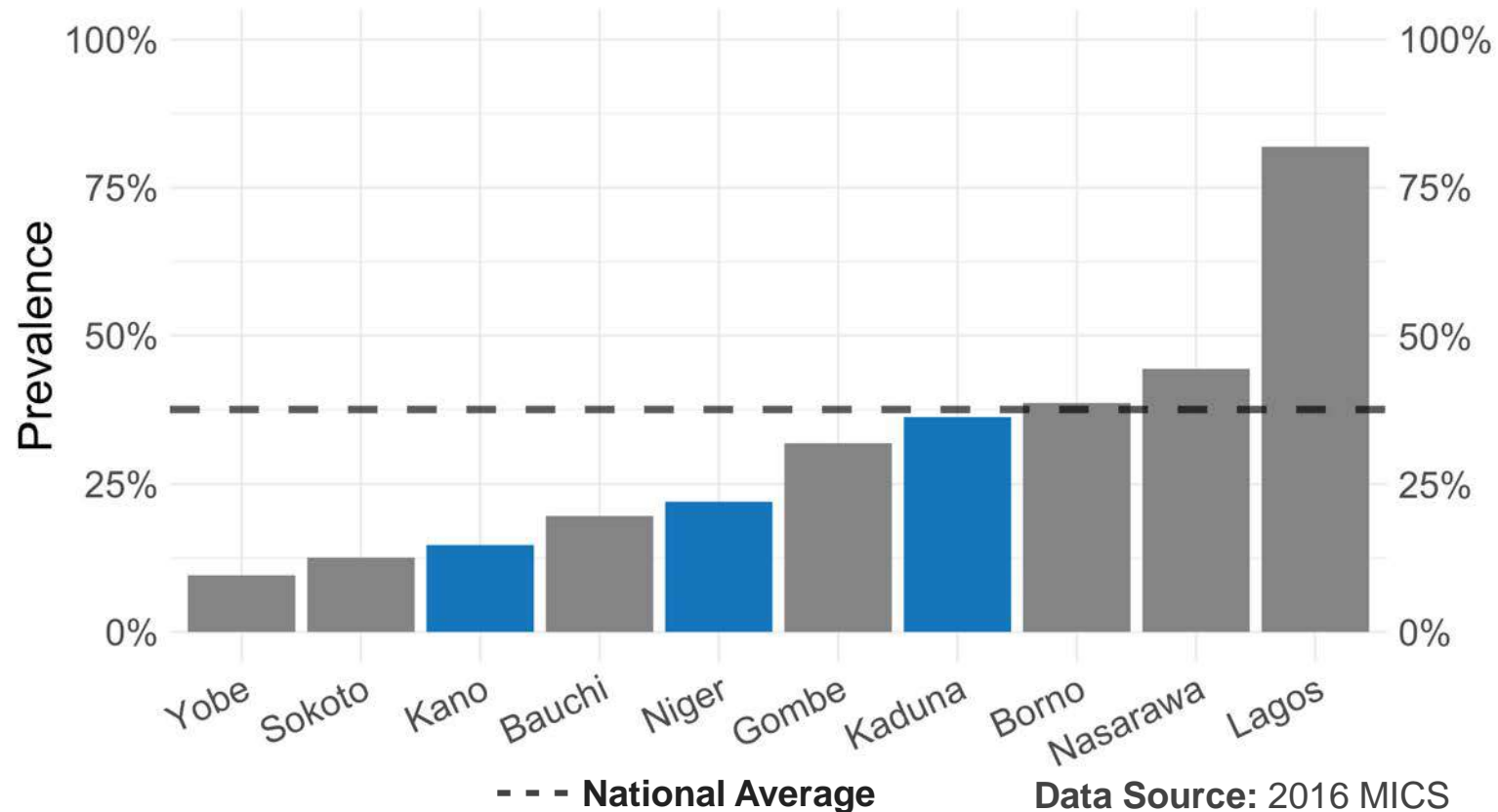
FOUR OR MORE ANTENATAL CARE VISITS (ANC4)



Key takeaway: There is high variation in ANC4 utilization between the ten selected states. Most selected states lie below the national average.

COMPARISON OF HEALTH INDICATORS

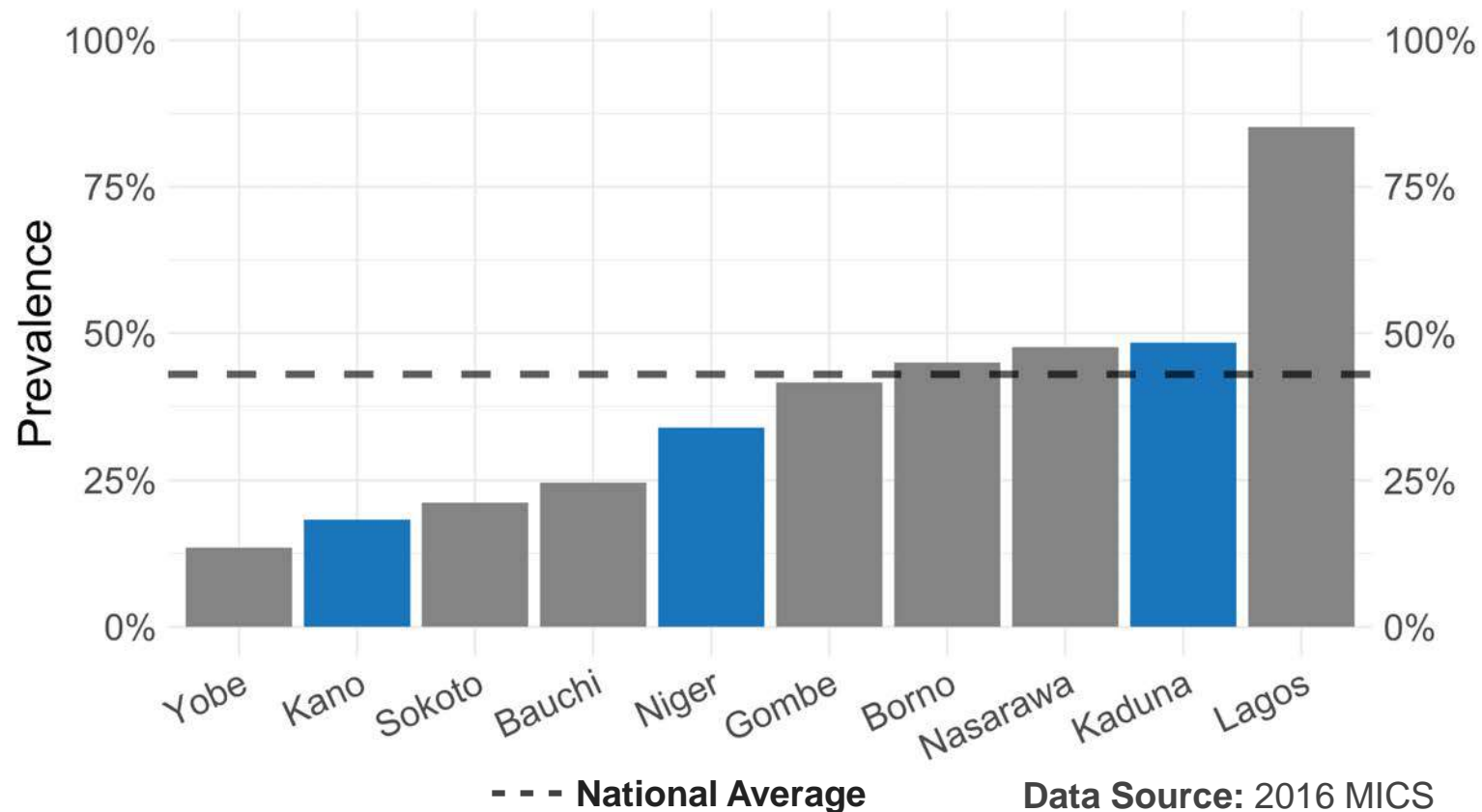
INSTITUTIONAL DELIVERY



Key takeaway: Even more variation in the use of institutional delivery among the states analyzed. All states except Lagos and Nasarawa are either at or below the national average. Kano has particularly low utilization.

COMPARISON OF HEALTH INDICATORS

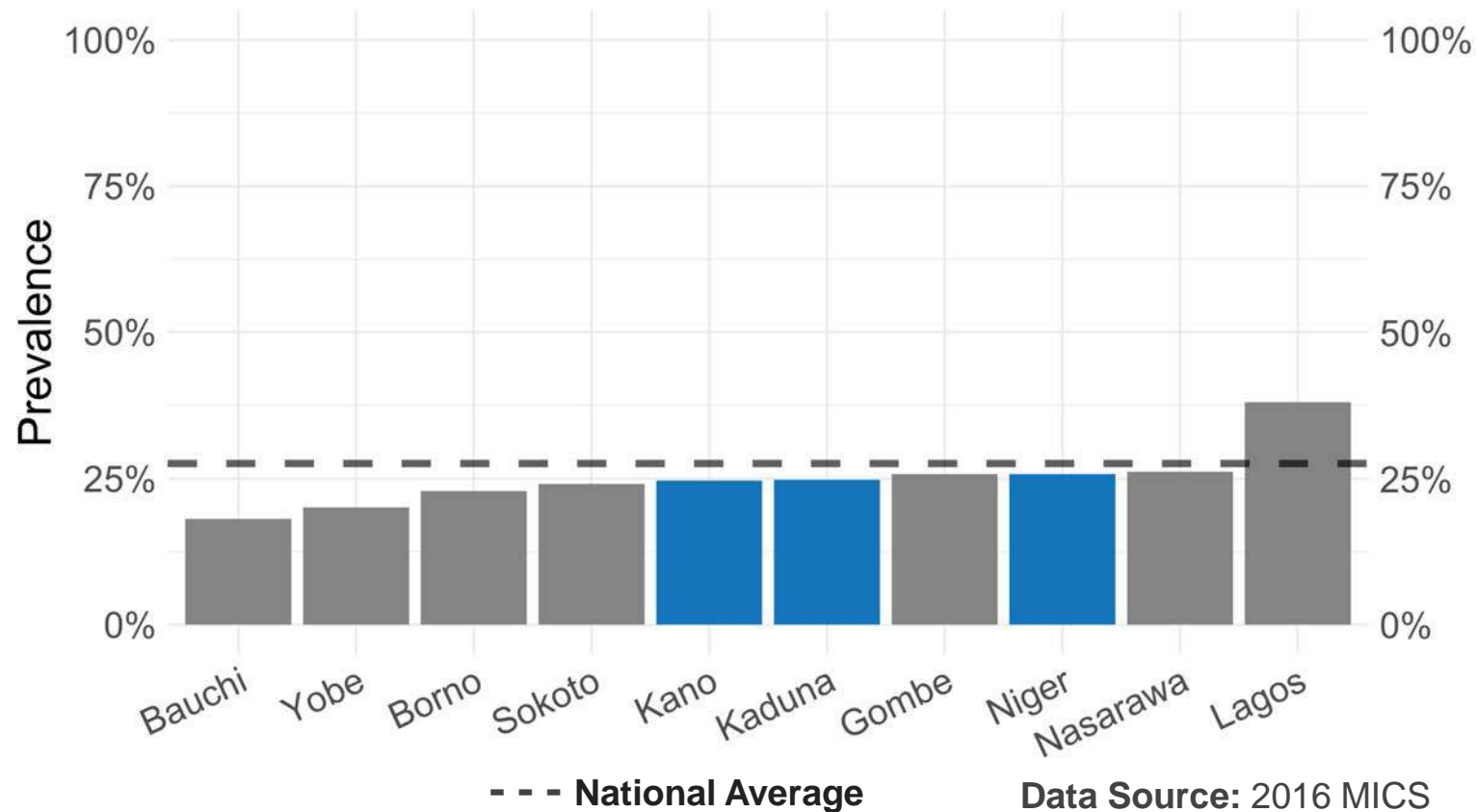
SKILLED ATTENDANT AT BIRTH



Key takeaway: The pattern for skilled attendant at birth (SBA) is similar to institutional delivery. However, both Kaduna and Niger have ~10% more SBA compared to institutional delivery, while Kano shows no difference.

COMPARISON OF HEALTH INDICATORS

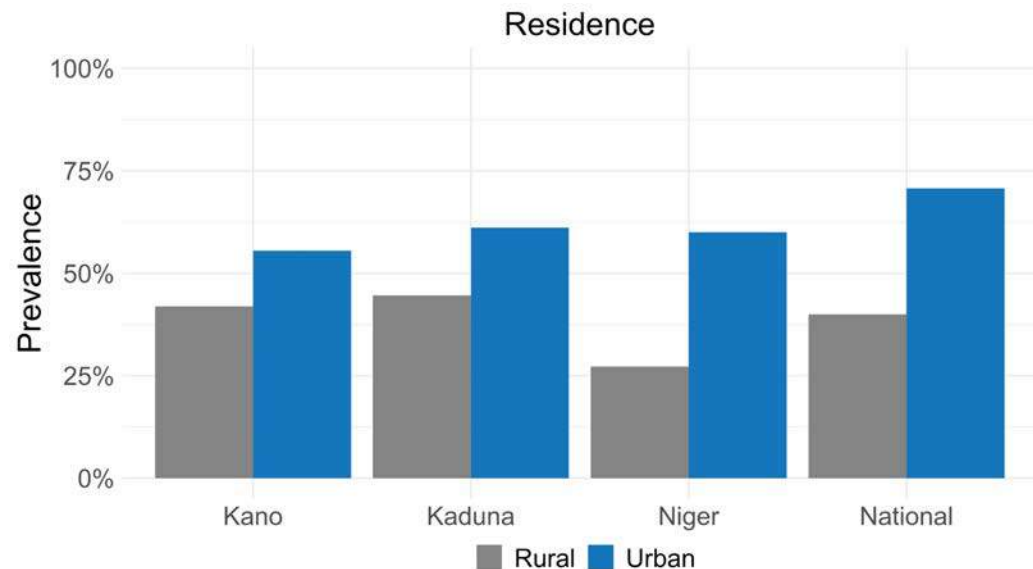
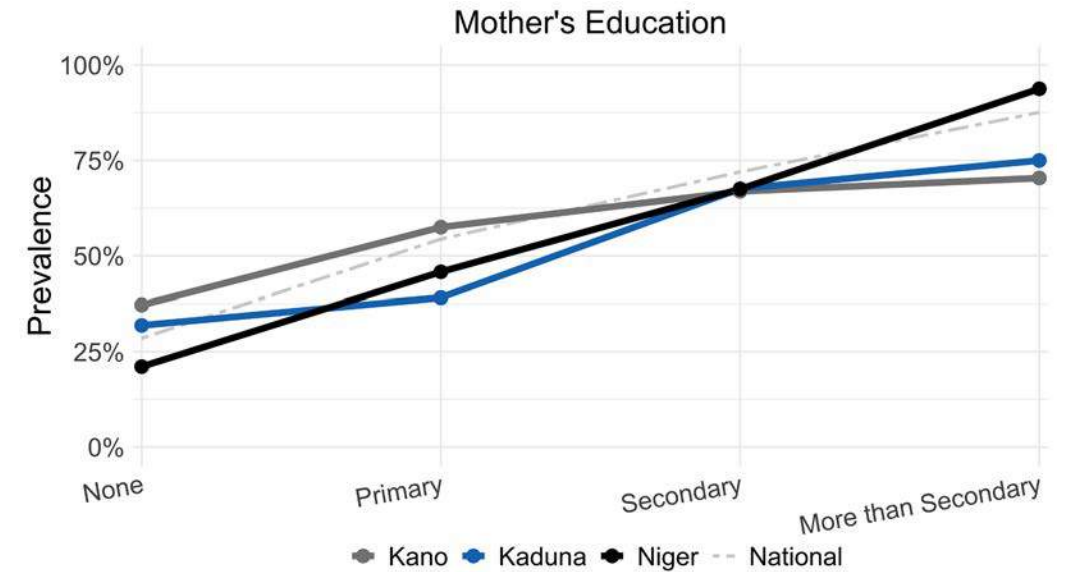
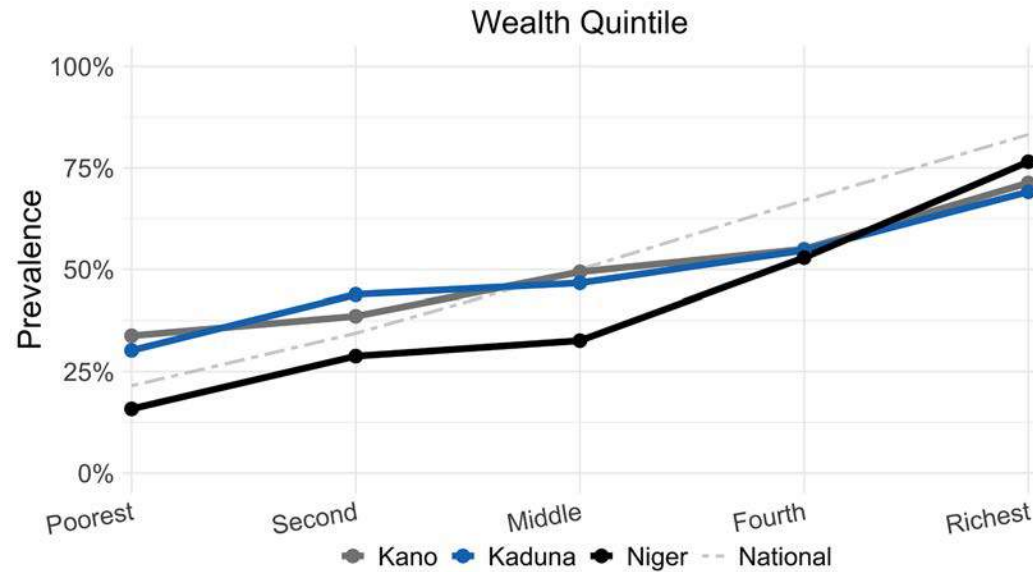
UNMET NEED FOR FAMILY PLANNING



Key Takeaway: There is little variation in unmet need for family planning. Kano, Kaduna, and Niger have rates that are similar to the national rate and other states in this analysis.

EQUITY ANALYSIS OF HEALTH INDICATORS

ANC4

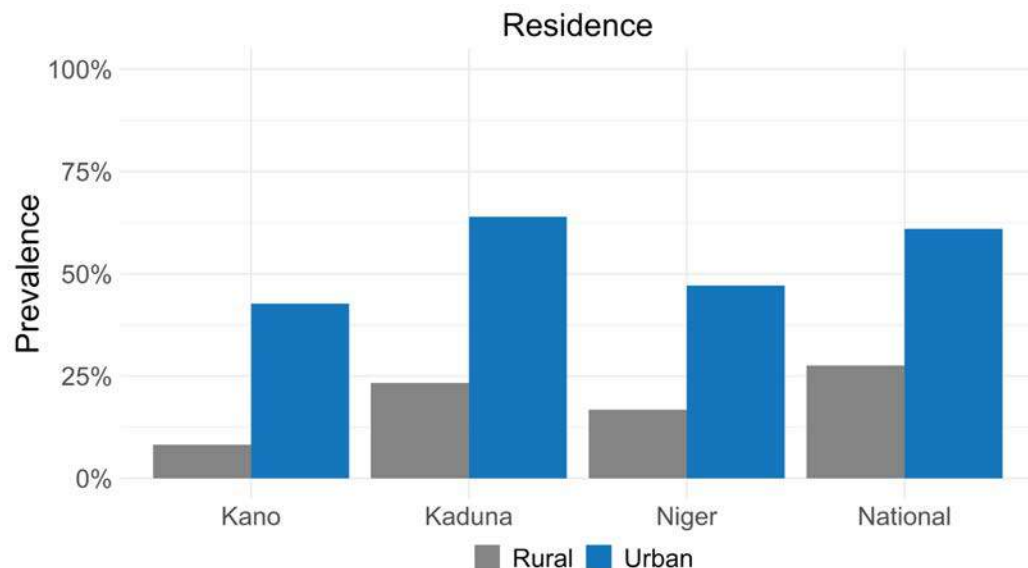
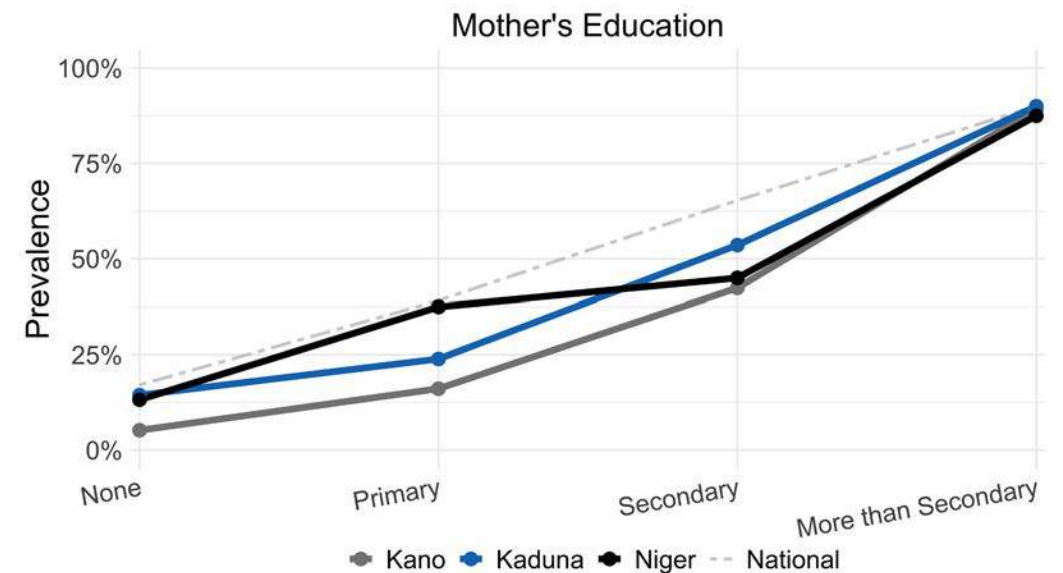
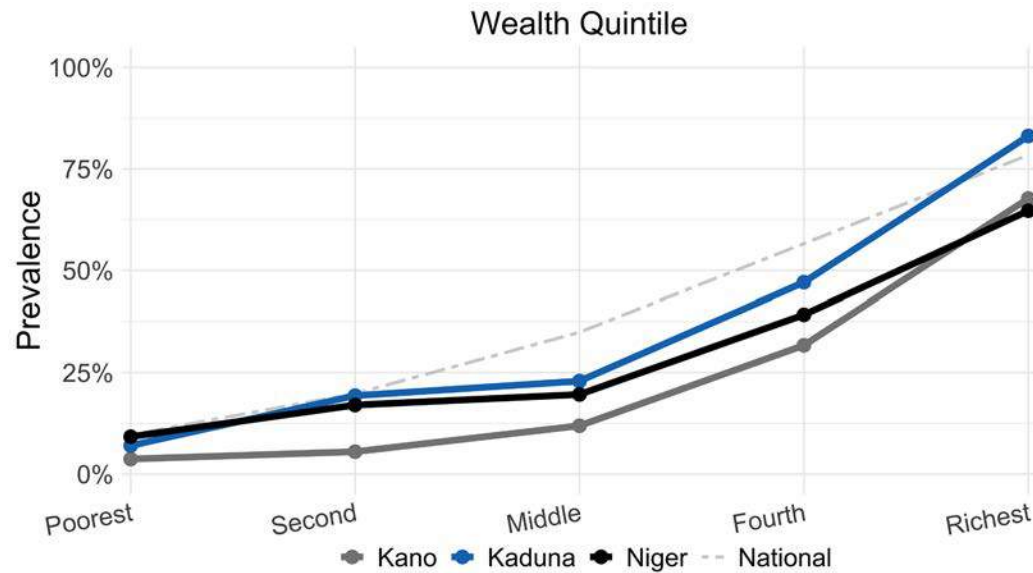


Key takeaways

- ANC utilization tends to increase with wealth and maternal education
- ANC utilization is slightly higher among those with urban compared to rural residence

EQUITY ANALYSIS OF HEALTH INDICATORS

INSTITUTIONAL DELIVERY

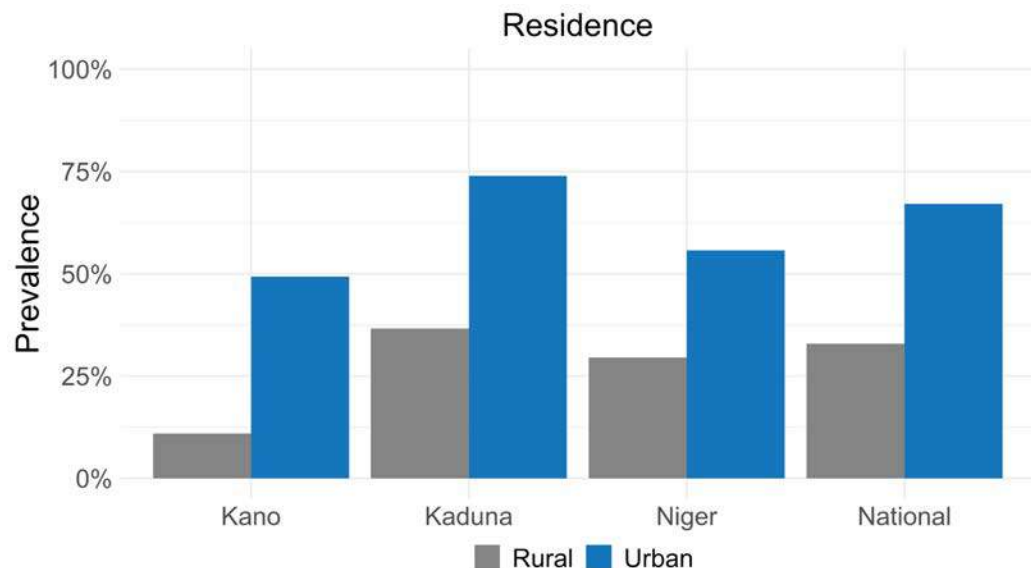
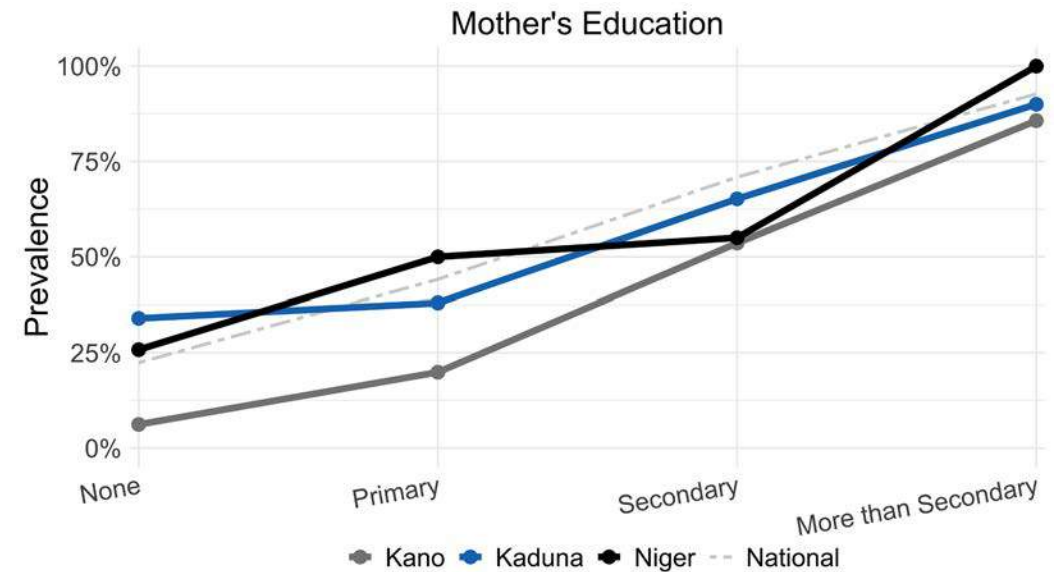
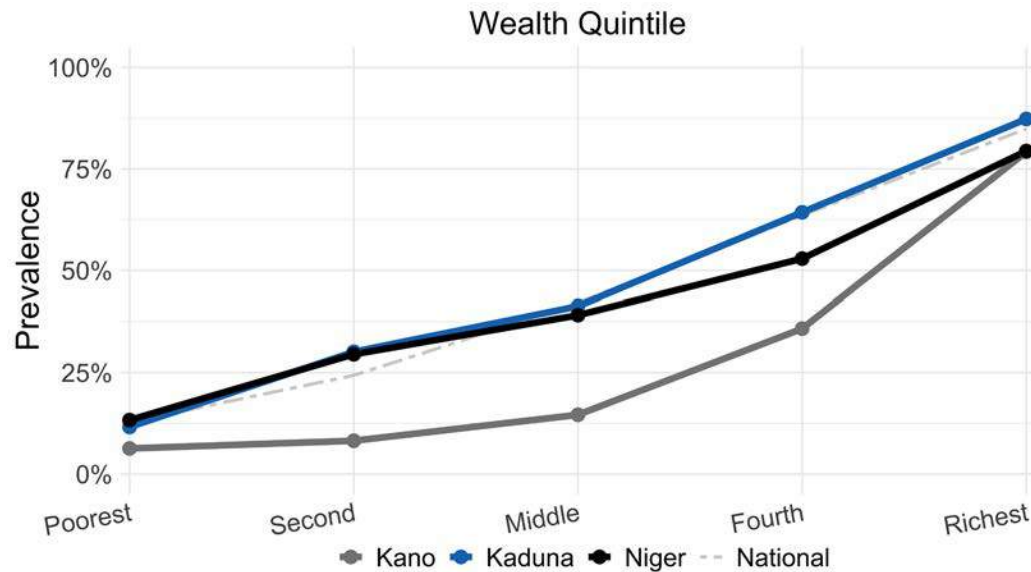


Key takeaways

- Institutional delivery tends to increase with wealth and maternal education
- Institutional delivery is generally much more prevalent in urban compared to rural areas

EQUITY ANALYSIS OF HEALTH INDICATORS

SKILLED ATTENDANT AT BIRTH



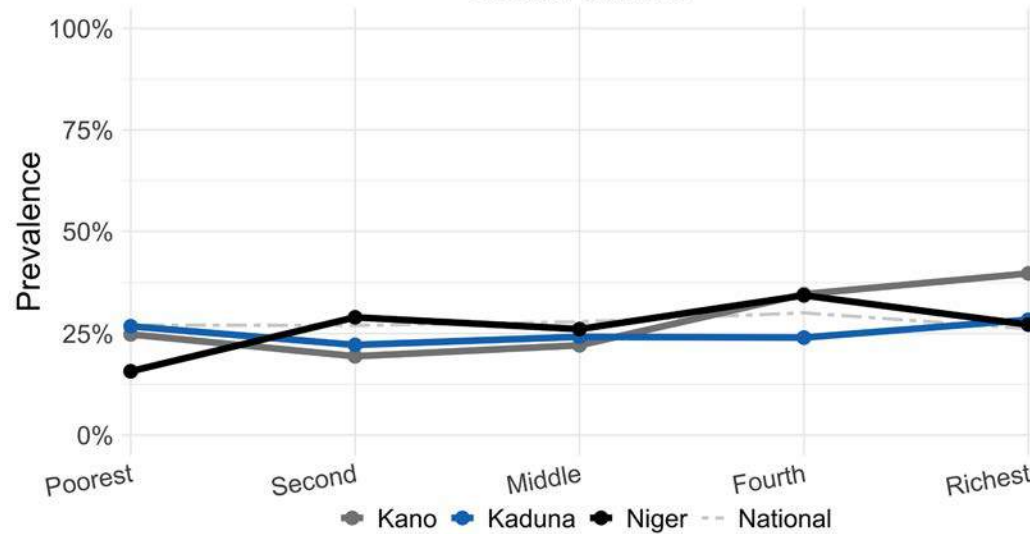
Key takeaways

- Skilled attendance at birth tends to increase with wealth and maternal education
- Skilled attendance at birth is generally much more prevalent in urban compared to rural areas, especially in Kano

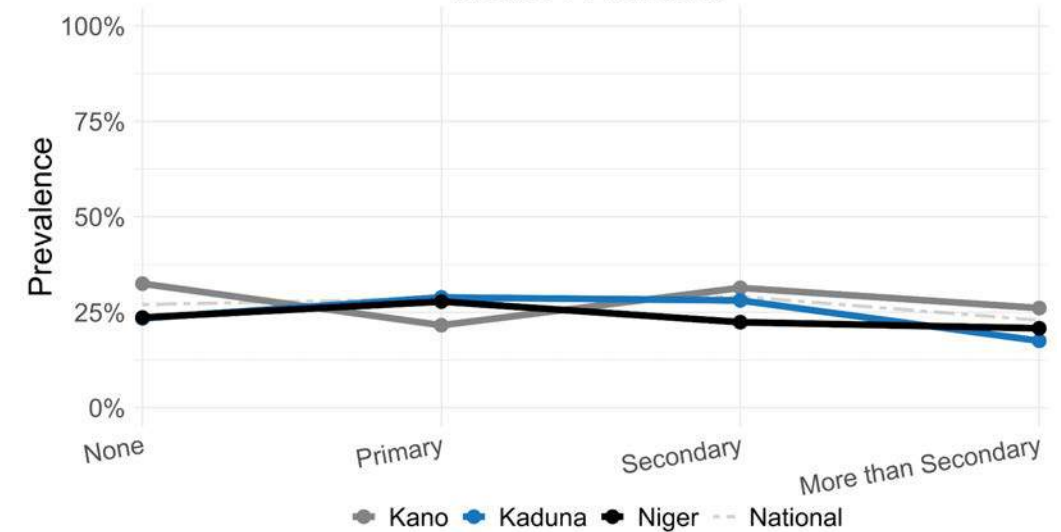
EQUITY ANALYSIS OF HEALTH INDICATORS

UNMET NEED FOR FAMILY PLANNING

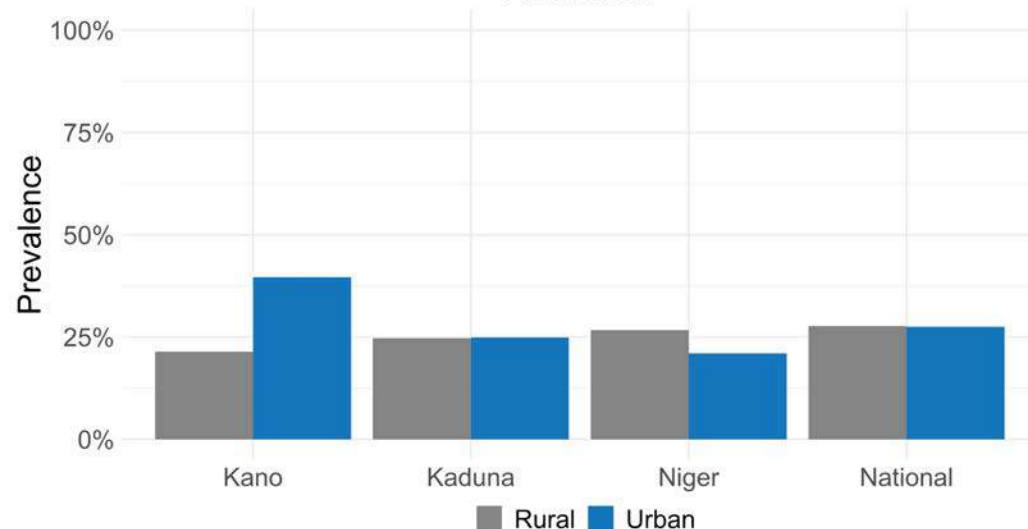
Wealth Quintile



Mother's Education



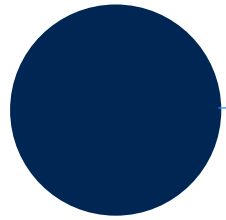
Residence



Key takeaways

- Unmet need for family planning shows little to no pattern across equity groups, potentially due to being partially defined by personal perception in addition to access barriers.

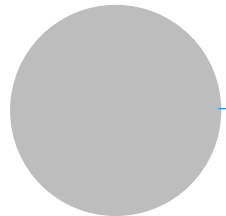
SUMMARY



For most indicators, utilization is greater in women with more wealth or more education



However, even in the most educated and most wealthy groups, there is low overall utilization of many services



ANC4 is more utilized than institutional delivery or skilled birth attendance

WHY?

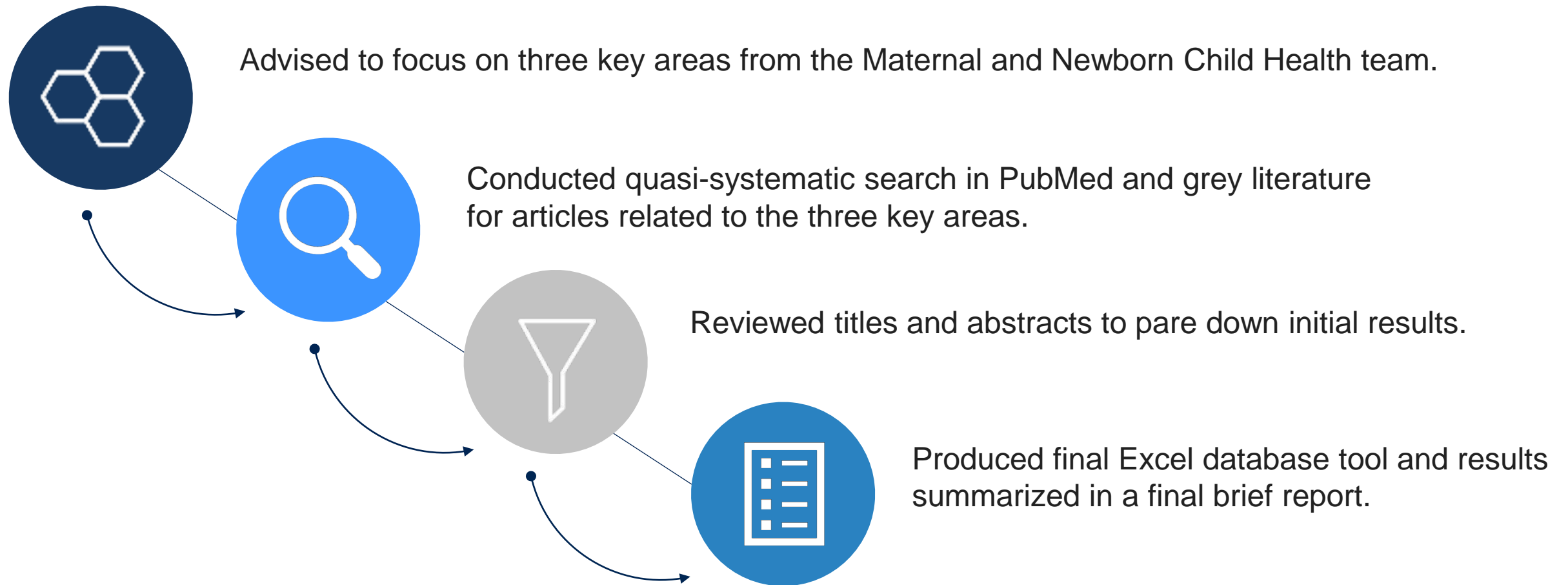


START CENTER

A photograph of two women walking towards the camera on a dirt path in a rural village. The woman on the left is wearing a pink and white striped dress and a matching headwrap, carrying a young child in a yellow shirt. The woman on the right is wearing a pink patterned top and a dark skirt, carrying a young child in a grey shirt. In the background, there are traditional mud-brick houses with corrugated metal roofs, lush green trees, and a clear blue sky. The text "LITERATURE REVIEW" is overlaid in the center of the image.

LITERATURE REVIEW

METHODOLOGY



SCOPE OF LITERATURE REVIEW

| KEY AREAS | PARAMETERS |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vulnerability | How do women's empowerment, socio-political legal constraints, cultural norms, and religion – especially in the North West zone of Nigeria – influence access to MNCH services, as well as outcomes for mothers and children? |
| Other Social Constraints | To what extent do abuse and disrespect , poor quality care, or user fees influence a woman's demand for health care services? |
| Private Sector | What factors are associated with use of public vs. private health sector for antenatal care and delivery? |

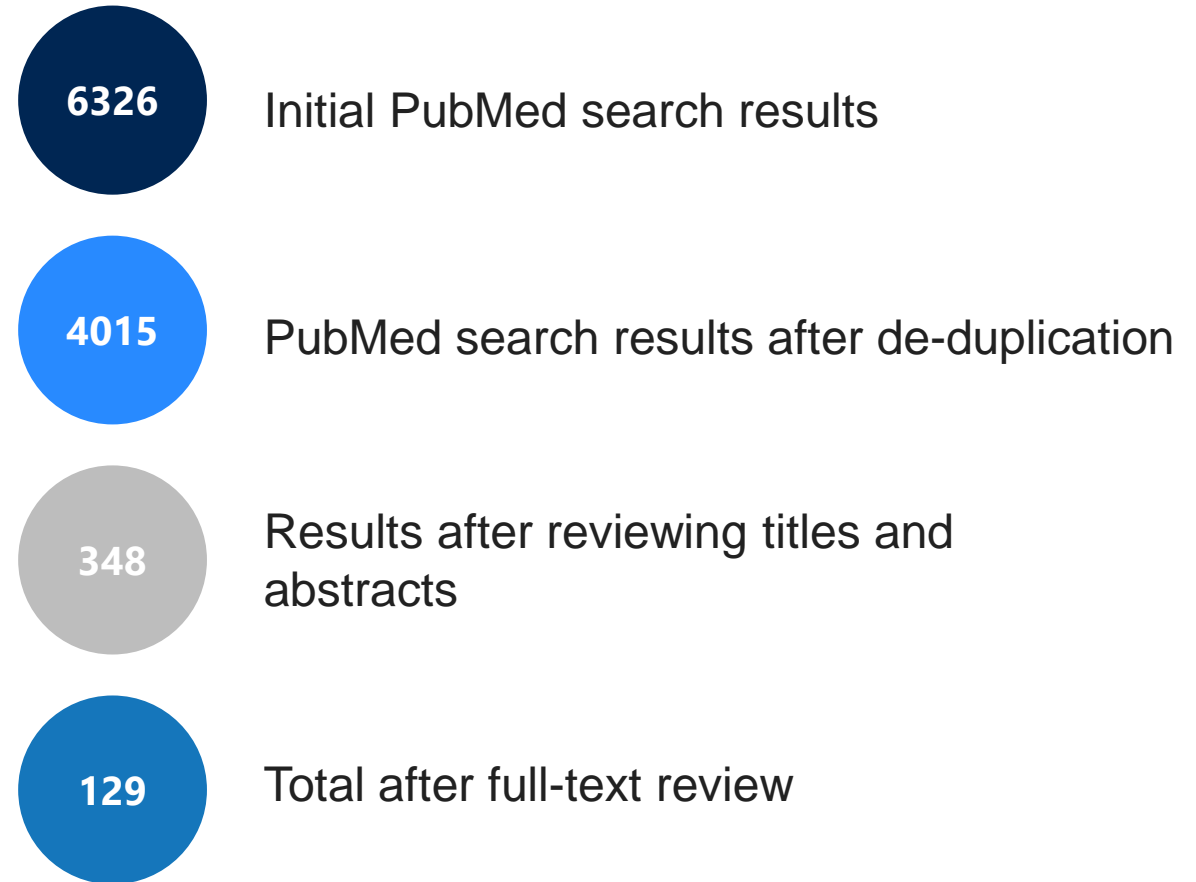
ARTICLE REVIEW PROCESS

PROCESS FOR DETERMINING FINAL ARTICLES

SEARCH TERMS*:

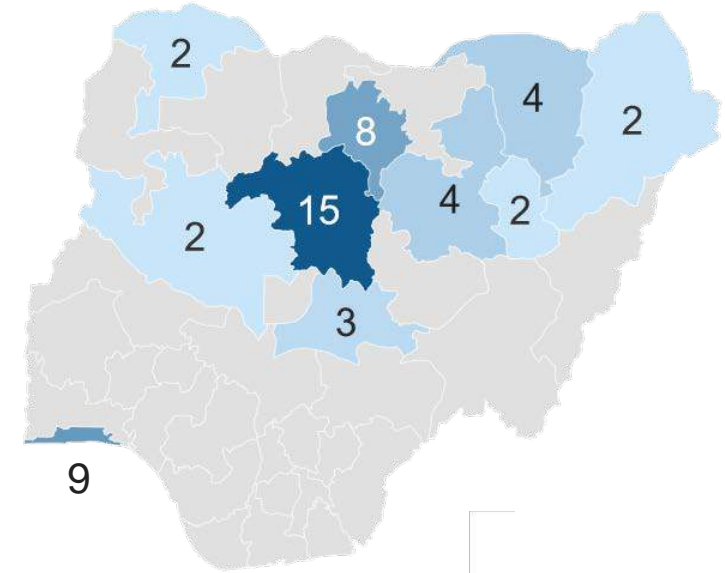
Bauchi, Borno, Gombe, Kaduna, Kano, Lagos, Nasarawa, Niger, Sokoto, Yobe, Nigeria, children, women, health, socioeconomic, sociopolitical, antenatal care, public and private, health service, disparities, ethnic, delivery of healthcare, health equity

*Combinations of search terms were used in series of searches

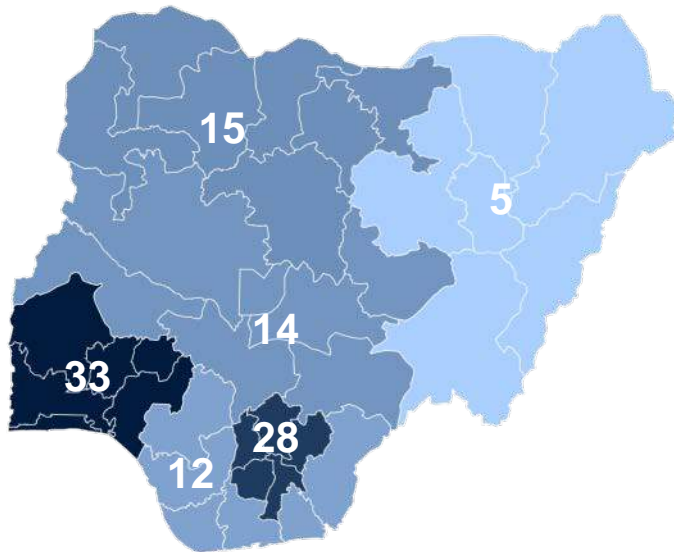


SELECTION OF GEOGRAPHIC SCOPE

Original Interest: Kano, Borno, Bauchi, Lagos, Niger, Gombe, Sokoto, Nasarawa, Yobe, Kaduna

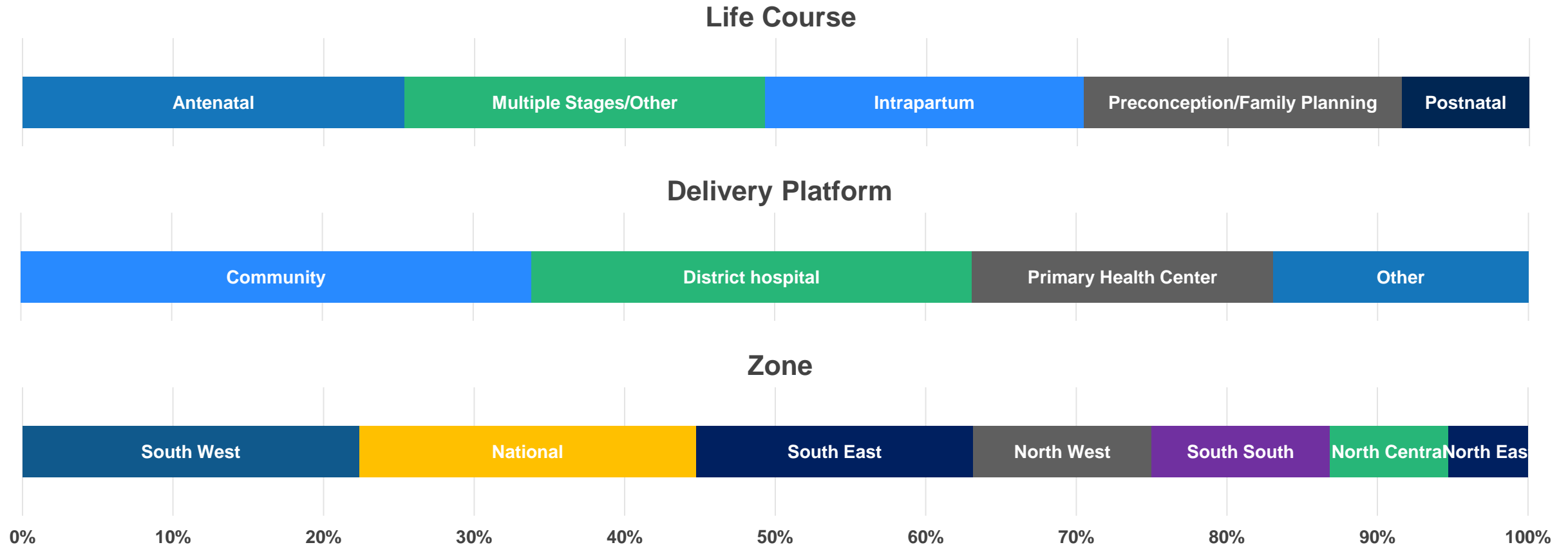


Expanded review to include any state, region, or national data



DISTRIBUTION OF ARTICLES BY THEME

VULNERABILITIES – 76 ARTICLES



Key takeaway: Majority of articles from south west, south east and national, focused in community and district hospitals around antenatal, intrapartum, and multiple stages of care.

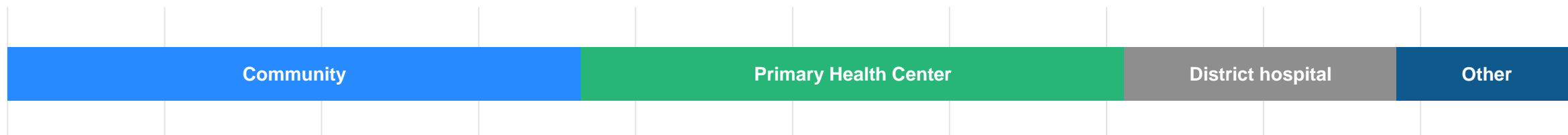
DISTRIBUTION OF ARTICLES BY THEME

OTHER SOCIAL CONSTRAINTS – 57 ARTICLES

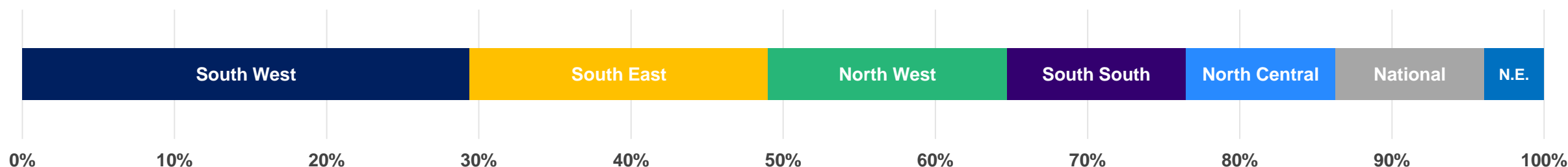
Life Course



Delivery Platform



Zone



Key takeaway: Majority of articles from south west data focused in the community and primary health centers around antenatal and preconception/family planning.

DISTRIBUTION OF ARTICLES BY THEME

PRIVATE VERSUS PUBLIC – 42 ARTICLES

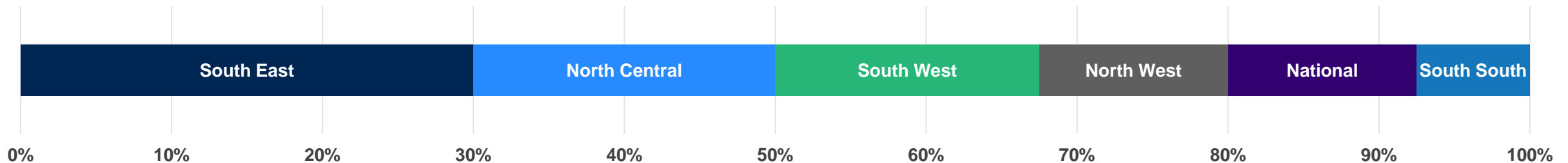
Life Course



Delivery Platform



Zone



Key Takeaway: Majority of articles from south east, data focused in the primary health centers around antenatal, intrapartum and preconception/family planning.

VULNERABILITIES

COMMON THEMES

GENDER ROLES

- Men dominate decisions over family planning and antenatal care/delivery
- Women lack autonomy

“If there is no approval from husband, we will not seek care.”
– Participant, Kwara

RELIGION

- Religion was cited as a strong influence on utilization of MNCH services by both Christian and Muslim interviewees
- Family planning in the hands of God
- Full trust in God for protection in childbirth

“...even health facilities cannot prevent divine ordination – in case of the outcome of complications.”
– Participant, Zamfara

CULTURAL NORMS

- Childbirth seen as normal process not requiring special attention
- Antenatal care and institutional delivery only necessary if complications arise
- Vaginal delivery is a symbol of womanhood; institutions associated with C-sections

“...our people believe that if you don’t deliver through the vagina, you are not a woman....”
– Participant, North Central

OTHER SOCIAL CONSTRAINTS

ABUSE AND DISRESPECT

Key Findings

- Abuse and disrespect widespread in facilities throughout Nigeria.
- Attitude of health workers often cited as reason for not attending antenatal care or delivering at institution.
- Attitudes viewed as “normal” and “expected” when receiving services.

*“Some of the women are shy. Sometimes they panic **due to the behaviour, attitudes and utterances** of the nurse”*
- Participant, Kwara

*“...the nurses at that antenatal [clinic] were not friendly at all; they were quite abusive. **Sometimes there is even no reason for the abusive language but it is a common thing at the hospital**”*
- Participant, Benue

OTHER SOCIAL CONSTRAINTS

QUALITY OF CARE

Key Findings

- Drug stock-outs, lack of resources, and long wait times deter use of facilities.
- Home birth preferable because more comfortable and no value given to facilities.

*“they should **increase the number of staff in the labour room** and stop maltreating people.”*

- Participant, Kano

*“... pregnant women like to go for antenatal but the problem is the **quality of care they get**... When you complain of an ailment, they give you anything and **argue that the drugs are out of stock**.”*

- Participant, Anambra

OTHER SOCIAL CONSTRAINTS

USER FEES

Key Findings

- Cost is an important factor when choosing to access care.
- Free maternal, neonatal, and child health service increased utilization of services.
- Cost is a deterrent especially when men are in charge of finances.

*“...Some people will come here for antenatal, by the time they are in labour, **they will not come here again, they will go somewhere else because of the money**” – Participant, Lagos*

*"We have a health center here in this community but you know that **everything there is for money so usually one will try the traditional remedy first before going to the hospital...**"
– Participant, North East*

FACTORS THAT INFLUENCE SELECTION OF HEALTH FACILITIES IN COMMUNITIES

Quality of Care

Attitude and
Availability of
Staff

Infrastructure of
Facility

Cost

PERCEPTIONS OF PUBLIC AND PRIVATE INSTITUTIONS

Positive View of Public Facilities

- Lagos – government invested to improve infrastructure and supplies at public facilities; **workforce viewed as highly competent**
- Anambra – community co-financing scheme of government facilities **improved quality, demand, and utilization**

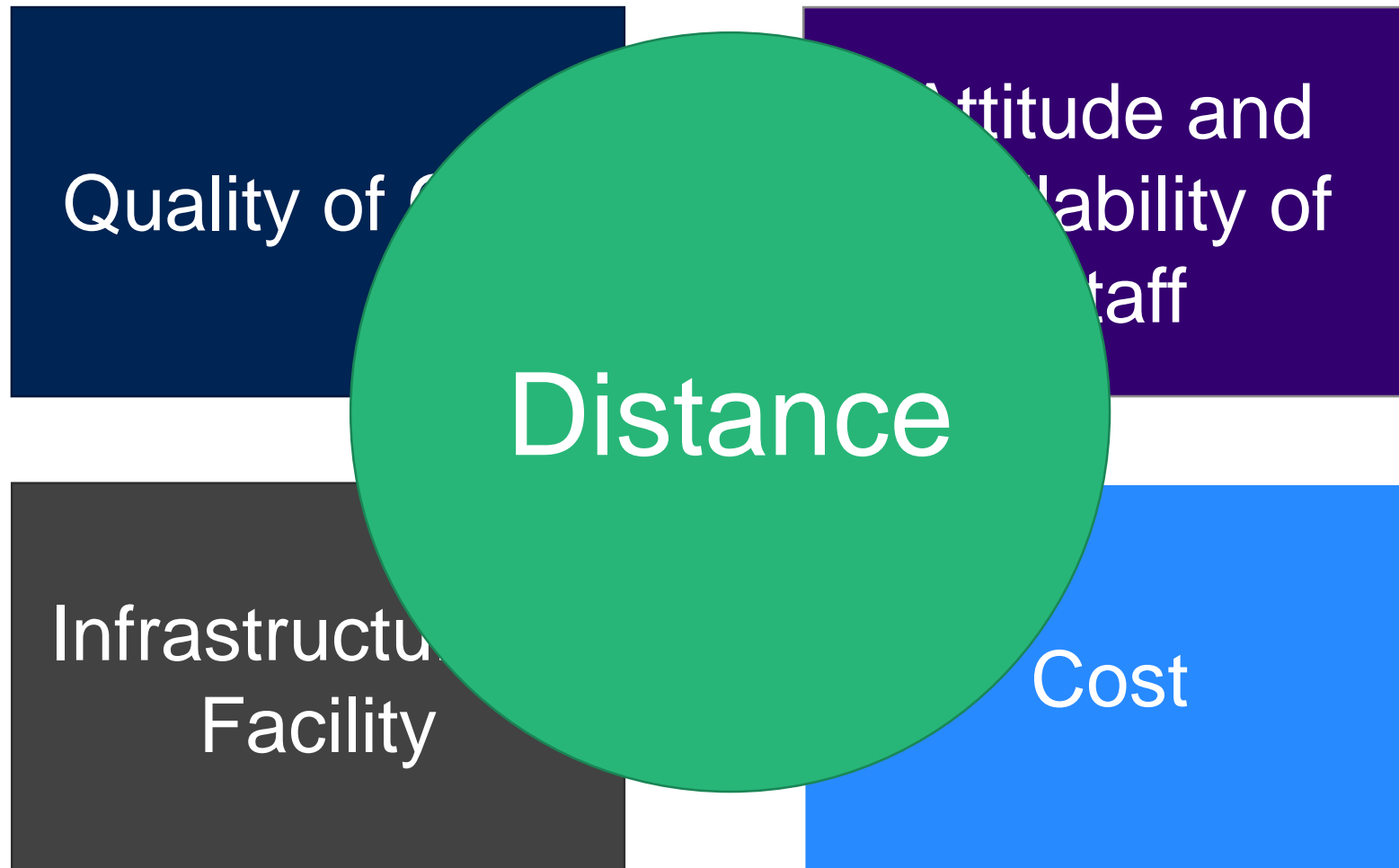
*"I first registered in a private hospital. When I detected that after the scan, that my baby was breech, I had a second thought ..so I had to run down here [public facility] because he's just a single person [private obstetrician], **unlike here [public hospital] where you have many of them.**" - Lagos*

Positive View of Private Facilities

- Lagos – Private facilities have **shorter waits and fewer administrative procedures**
- Enugu, Kwara, Kano – study participants suggested renovations to hospital would make it more appealing for delivery
- Oyo – more than half of women were unsatisfied with facilities and **wait time** in public hospital
- Anambra – majority of participants used private hospitals due to **friendly and available staff**

*" **I only use private hospitals now because they are value for money no matter the distance to get there. The last time my son was sick, we waited for hours for a doctor at the health centre....my son nearly died**" -Enugu*

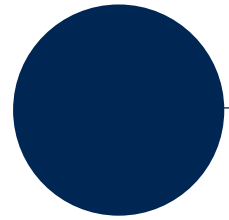
FACTORS THAT INFLUENCE SELECTION OF HEALTH FACILITIES IN COMMUNITIES



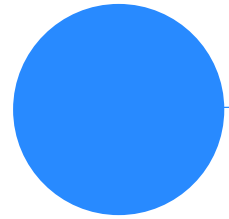
LIMITATIONS

- Not a fully systematic review of the literature
- Limited to articles published in PubMed
- An equal number of articles was not available for each of the states
- Study methodologies varied in quality and lacked standardization
- Many findings were not deeply expanded on in publications

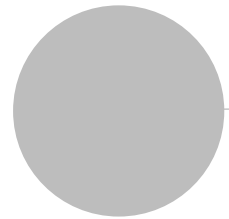
CONCLUSIONS



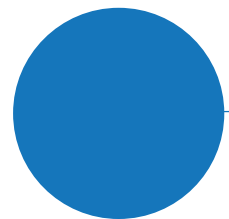
Utilization of Services is low- especially in northern regions



Demand for services (general and high quality) is low;
Mainly driven by cultural norms, gender roles and religion



Even when there is demand, barriers to access, especially cost and distance, prohibit use



Limited research and publications exploring these themes, limiting generalizability and applicability of findings



THANK YOU!
QUESTIONS?