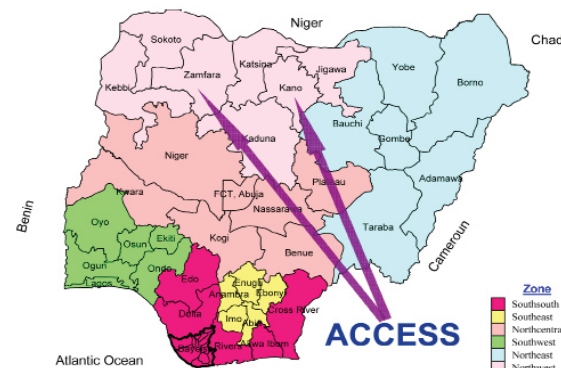


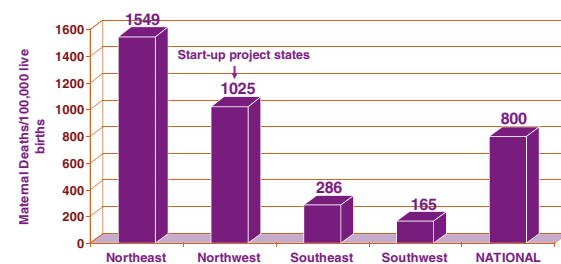
FACTORS ENABLING AND CONSTRAINING THE USE OF MATERNAL AND NEWBORN HEALTH SERVICES IN NORTHERN NIGERIA: FORMATIVE RESEARCH FINDINGS AND IMPLICATIONS

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MAP OF NIGERIA SHOWING THE SIX GEO-POLITICAL ZONES



MATERNAL MORTALITY BY HEALTH ZONES IN NIGERIA, 1999



Source: FOS and UNICEF, 2000

A COMPARISON OF NORTHERN AND SOUTHERN NIGERIA

SELECTED SOCIO-DEMOGRAPHIC STATISTICS	NORTHERN STATES	SOUTHERN STATES
Completed PP visit	1025-1549	165-286
Total fertility rate (children/woman)	5.7-7.0	4.1-4.6
Contraceptive prevalence rate-modern methods (%)	3-10	13-23
At least one antenatal care (ANC) attendance (%)	41-75	83-99
Delivery with skilled birth attendant (%)	12-49	56-88

Source: FOS, UNICEF, 2000 and 2003 NDHS

STUDY OBJECTIVES

- Describe maternal and newborn health (MNH) practices and care-seeking behavior in Kano and Zamfara states of northern Nigeria
- Identify socio-cultural beliefs and practices and other factors that constrain and enable the use of MNH services
- Discuss programmatic opportunities for increasing access to quality MNH services in northern Nigeria

STUDY METHODOLOGY

- Focus Group Discussions (FGDs) in 4 target districts (n=36):
 - Pregnant women
 - Women who delivered in the last 12 months
 - Husbands of women who delivered in the last 12 months
 - Older women and men
 - Traditional birth attendants
 - Community health extension workers (CHEWs)
 - Community influentials
 - Religious leaders
- In-depth interviews with Primary Health Care Coordinators in 4 target districts (n=4)
- Trained facilitators and note-takers conducted FGD sessions in the Hausa language
- Most FGDs lasted about 1½ hours
- Tape recorded, transcribed, translated and coded FGDs thematically
- Analyzed FGDs by group across locations
- Used BEHAVE framework to organize information by desired target behaviors
- Findings complement household survey data

RESULTS: FACTORS CONSTRAINING USE OF MNH SERVICES

- Poverty
- Preference for home delivery
- Reliance on local medications, e.g., "Hannu"
- Insensitive, unfriendly, uncaring, rude and even corrupt attitudes of some health care workers
- Lack of adequate equipment, drugs and skilled medical personnel
- Poor road networks/long distances to the hospitals
- The discomfort of having male medical personnel attend women

RESULTS: FACTORS ENABLING USE OF MNH SERVICES

- Religion
- Willingness of women to deliver in facilities
- Confidence in quality of services offered in the health facilities

PROGRAMMATIC OPPORTUNITIES FOR INCREASING ACCESS

- Indications by religious leaders that Islam is in support of use of orthodox medicine
- Availability of CHEWs to be trained to provide Basic Emergency Obstetric and Newborn Care (BEmONC) services
- Availability of community-based women's development groups as change agents

QUOTES: PREPARATIONS FOR BIRTH

"Yes, we do prepare [for birth] by taking some traditional and medical steps to reduce the risk of experiencing problem[s] for the pregnancy. This includes regular attendance of antenatal [care] by the pregnant women, especially when close to their estimated date of delivery." (Kano: Husband of woman who delivered in the past year)

QUOTES: GENDER AND DECISION-MAKING

"Husbands decide where to go for medical care; the wife's parents may also have a say or decide in the absence of the husband. The finances for medical expenses are also the responsibility of the husbands, and parents may also help." (Zamfara pregnant woman)

QUOTES: CULTURAL AND FINANCIAL BARRIERS TO SEEKING CARE

"The hospital is the most appropriate place to seek medical assistance for pregnant women, nursing mothers and for childbirth, but culture and finance are however in many cases constraints to seeking care." (Zamfara: Religious leader)

QUOTES: HOSPITAL MATERNITY SERVICES APPRECIATED

"Hospital staff will receive you very well if you go there to deliver. They will also bring out their pad, razor blade and whatever else they need to facilitate the delivery. They also inject the woman after delivery to help stem the flow of blood. In case of complications, they also provide whatever assistance that is required by the woman." (Kano: Currently pregnant woman)

"Seeking medical care for a woman who just gave birth is mandatory to the extent that even if the husband cannot afford it, then her parents will pay for her to seek medication wherever it is available." (Kano: Husband of woman who delivered in the last 12 months)



QUOTES: MALE HEALTH CARE WORKERS - A BARRIER

"Another reason is the male personnel in our hospitals. They deliver women of babies. Some women are afraid to see a strange man, not their husband, diagnosing them. Unless it becomes necessary, many women abhor going to the hospitals." (Zamfara: Older men)

INFORMATION USED TO INFORM DESIGN OF PROGRAM INTERVENTIONS (BEHAVE)

DESIRED BEHAVIOR	CURRENT KNOWLEDGE & PRACTICES		KEY INFLUENCING FACTORS
	QUALITATIVE DATA	QUANTITATIVE DATA	
Attend antenatal care with skilled providers at least four times before delivery	Women attend antenatal clinics even if they deliver at home (Kano) Husbands reluctant to let their wives go to hospital for antenatal care	Antenatal care attendance was below 50% across the 4 districts	Dislike male health workers (hw) to attend to women; hw attitudes Men do not give women permission to go Lack of knowledge about 4 focused antenatal care visits Fear of HIV/AIDS testing

CONCLUSIONS

- Study findings support the need for the ACCESS Nigeria Program's Household-to-Hospital Continuum of Care (HHCC) approach to deliver maternal and newborn care services through:
 - Evidence-based clinical interventions for quality ANC, delivery, postnatal and newborn care as well as postpartum family planning
 - Community outreach and mobilization for increased demand for quality services

