

SOCIOECONOMIC AND DEMOGRAPHIC BARRIERS TO ASSESSING ANTE NATAL CARE SERVICES AMONG WOMEN OF CHILD BEARING AGE IN WUSHISHI LOCAL GOVERNMENT AREA, NIGER STATE, NIGERIA

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Article Received on
19 Nov. 2017,

Revised on 10 Dec. 2017,
Accepted on 01 Jan. 2018,

DOI: 10.20959/wjpr20181-10220

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ABSTRACT

Background and Objectives: Access to Ante Natal Care (ANC) remains a major barrier to maternal healthcare particularly in most developing countries thereby leading to high mortality rate of women and children. Despite the number of health facilities available in Wushishi Local Government Area (WLGA), quite a number of women of child bearing age are still not accessing ANC, and most times many lose their lives during delivery at home, some end up with complications or lose their baby at births. The question now is why are pregnant women not attending ante natal care in health facilities around them? The aim of this study was to determine the barriers in

accessing ANC among the women of child bearing age in WLGA. **Methods:** Structured questionnaires were administered to 200 women. Descriptive statistics was used to describe the characteristics of the respondents and Chi Square test was used to establish the relationship between socioeconomic and demographic variables and ANC visits. **Findings:** We found out that the location of the respondents, lack of support from husband were two most significant demographic and socioeconomic barriers to access to ANC in WLGA. **Conclusion and Global Health Implications:** The findings from this study have informed policy recommendations of the need to focus on strong advocacies towards encouraging men to participate more actively in their wives reproductive health. It also involves making cost of

ANC affordable if not total cost free for all pregnant women. The need for building of well staffed and equipped health facilities centers in rural area.

KEYWORDS: Determinants, Maternal Mortality, Child Mortality, Demographic, Socioeconomic.

INTRODUCTION

In most developing countries accessing Ante Natal Care (ANC) remains a major problem leading to high Maternal Mortality Rate (MMR) and of course, a leading cause of death among woman of reproductive age.^[1] Ante natal care is the care a pregnant woman receives during her pregnancy through series of Consultations with trained health care workers, such as Midwives, Nurses, and sometime Doctors who Specializes in pregnancy and birth.^[2]

Improving maternal health continues to be a major challenge such that a woman living in sub-Saharan African (SSA) has a 1 in 31 chance of dying during pregnancy or child birth, as compared to 1 in 4,300 in a high-income country such as Sweden.^[3] In 2003 with the commitment of achieving MDG 5 of reducing MMR by 75% by 2015, the Ghana government pioneered and implemented a new maternal healthcare policy that provides free maternal care at the point of delivery in all public and mission facilities to ensure increased and equitable access to and use of skilled maternal healthcare services in.^[4]

In Nigeria maternal mortality remains a leading cause of death in women. Nigeria is only two per cent of the global population; however, it contributes 10% to the global maternal mortality burden.^[1] Though average national maternal mortality rate is 500+ per 100,000, but in North Eastern zone it is 1,549 per 100,000.^[1] Annually an estimated 52,900 Nigerian women die (with about 1,000 per week) while pregnant, during childbirth or within 42 days of giving birth out of a global 529,000. This is equivalent of an airplane, full of precious Nigerian mothers crashing with no survivor every day for an entire year.^[1] The situation in most of these developing countries is that women of reproductive age do not recognize the importance of receiving antenatal care in the community.^[5]

Recent studies have reported that many factors are responsible for poor access to ANC. These include socioeconomic factors such as inability to pay for ANC services or prescribed treatment.^[6] In United kingdom for instance, Charging money to access attendance for booking for maternity services can be serious barrier to meet target of reducing inequalities in

infant and increase rate of attendance to ANC^[7,8]; experience of huge opportunity cost, such as the loss of income in order to attend services as well as long distances to health facilities.^[2]

The authors are not aware of any paper to assess ANC utilization in WLGA. So this paper aims to determine the socioeconomic and demographic impediments to accessing ante natal care services among women of child bearing age in Wushishi Local Government Area of Niger state. Therefore, we had hypothesized that socioeconomic and demographic variables are no significant barriers to access in ANC in WLGA.

DATA AND METHODS

Research Design: Data was collected using cross sectional descriptive survey. The target population of study comprises women of child bearing age (15-49years) in WLGA. 200 respondents were selected using a two-stage cluster sampling method. At first stage, a convenient sampling technique was used partially to select the communities to be visited. In all, 5 communities were selected to include Wushishi (The Administrative Headquarter), Zungeru and 3 other villages picked at random. At the second stage, information was collected from all respondents that were available at home at the time of administration of the questionnaire, until the required number was obtained. The instrument for data collection was a structured questionnaire prepared specifically for the study. The questionnaire consists of 17 items. It was arranged into section A and B. Section A is based on background data and Section B were questions on ANC and barriers to utilization of ante natal care.

Variables of Interest

Dependent Variable: This was the ANC status, whether the respondents attended ANC or not during her last pregnancy. A respondent was said to have attended ANC fully if she had attended ANC at least 4 times following WHO recommendation^[9], classified as 1 and 0 if she access ANC less than 4 or did not access at all.

Independent Variables: These are socioeconomic and demographic factors and also reasons for not accessing ANC.

DATA ANALYSIS

All data collected were analyzed using percentage frequency distribution at first level. Chi square test at 5% level of significant was used to determine the significant association of selected socioeconomic and demographic variables with access to ANC at second level.

Ethical Approval

The study was approved by National Open University of Nigeria (NOUN) Research Ethics. Also, informed consents were obtained from local administrative authorities of each locality visited and from all the women who participated in the survey.

RESULTS AND DISCUSSION

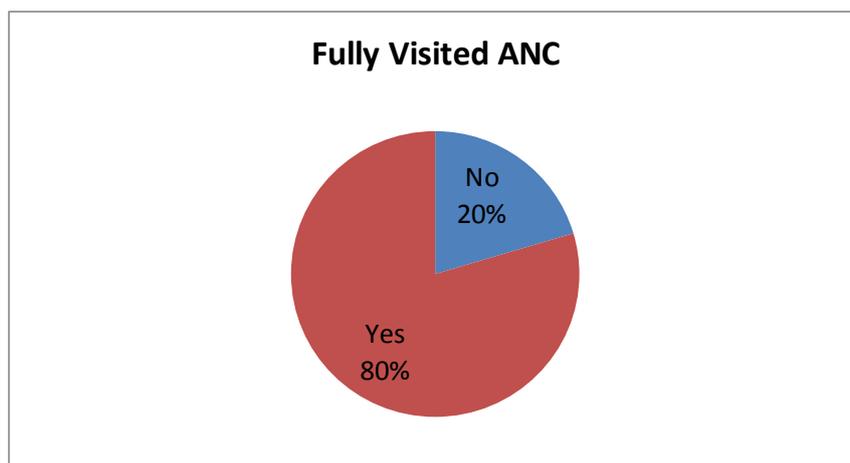


Figure. 1: Percentage Pie Chart Representing ANC Status in WLGA.

The average age of the respondents used in this study was 30.8 years with the youngest being 18 years. From the pie chart above, the ANC attendance status for this region (WLGA) was 80% and 20% either partially or did not access ANC at all.

Table. 1: Percentage Frequency Distribution of Factors.

	N	%
Age of Respondents		
15-24 years	46	24.34
25-34 years	85	44.97
35+ years	58	30.69
Marital status		
Single	6	3.17
Married	171	90.48
Widow	7	3.70
Divorced	5	2.65
Location of Resident		
Zungeru	83	43.92
Madaki	4	2.12
Wushishi	67	35.45
Kirya	18	9.5
Kaliko	17	8.99
Educational Status		
No Education	96	51.6
Primary	24	12.9
Secondary	40	21.5
Higher	26	14

Religious Status		
Christian	38	20.4
Islam	147	79.0
Others	1	0.54
Enrolled with NHIS		
No	137	72.5
Yes	52	27.5
Finance Problem		
No	124	66.7
Yes	62	33.3
Receive Husband support		
No	42	22.7
Yes	143	77.3

Source: Survey 2016

Table 1 above shows that the highest respondents of 44.97% is within the age 25-34years followed by 30.69% within age 35+ years, while 24.34% are the lowest within age 15-24years. Also, the highest percentage of the respondents was the married (90.48%) and lowest percentage was among the singles representing 2.65%. Zungeru location has the highest respondents of 83 (43.92%) and Madaki with lowest respondents of 4 (2.12%). Majority of the respondents 147 (77.78%) were Muslims, 41 respondents were Christians representing (21.69%), While 2 represent other religion (Traditional) with 0.53%. Most respondents were not educated, majority of them were house wife and farmers, also many are not registered with National Health Insurance Scheme (NHIS) and most respondents have challenge with finances in term of transportation to accessing ante natal health care.

Hypothesis 1: There is no significant association between socioeconomic variables and accessing ante natal care in Wushishi Local Government Area (WLGA)

Table 3: Relationship between Socioeconomic Variables and ANC Visits.

	(No or partially)%	(Fully visit)%	Chi Sq
Educational Status			6.91 (NS)
No Education	(24)25.00	(72)75.00	
Primary	(1)4.17	(23)95.83	
Secondary	(10)25.00	(30)75.00	
Higher	(3)11.54	(23)88.46	
Religious Status			0.39 (NS)
Christian	(7) 18.42	(31) 81.58	
Islam	(31) 21.09	(116) 78.38	
Others	(0) 00.0	(1) 100.00	
Enrolled with NHIS			1.31 (NS)
No	(25)18.38	(111)81.62	
Yes	(13) 26.00	(37)74.00	
Finance Problem			1.65 (NS)
No	(22)17.74	(102)82.26	
Yes	(16)25.81	(46)74.19	
Receive Husband Support			14.24 (S)

No	(17)40.48	(25)59.52	
Yes	(20)13.39	(123)86.01	
Problem of Health worker attitude			0.13 (NS)
No	(29)19.46	(120)80.54	
Yes	(8)22.22	(28)77.78	

Source: Survey 2016 NS= Not Significant and S= Significant at P< 0.05

Of the factors considered in socioeconomic variables, only not receiving support from husband was found to be a significant barrier to accessing ANC in WLGA. The finding corroborates the reports elsewhere.^[10,11] This is true to the fact that in most rural settings, most women still depend fully on their husband's supports especially in finance to do anything (including finances to attend to health issues), so women autonomy is still very low in these areas. A woman cannot leave her house to visit relatives or attend to health issues concerning herself and that of the children without permission from her husband. Most men in this areas have more than one wife. The contrary situation is that though the economic situation in Nigeria presently is tough and some of these men cannot afford to take care of their already large family and at the same time for religious belief not willing to embrace family planning methods to space or limit the number of children they should give birth to, yet they keep impregnating their wives without due assistant for their antenatal care

Hypothesis 2: There is no significant association between Demographic variables and accessing ante natal care in Wushishi Local Government Area (WLGA).

We considered three factors in demographic variables: Age of respondents, marital status and location of respondent's place of resident. The result of the findings is shown in table 2.

Table. 2: Relationship between Demographic Variables and ANC Visits.

	(No or partially)%	(Fully visit)%	Chi Sq
Age of Respondents in Group			3.73 (NS)
15-24years	(10) 22.22	(35) 77.78	
25-34years	(12)14.46	(71) 85.54	
35+years	(16)27.59	(42) 72.41	
Marital status			1.87 (NS)
0	(1)33.33	(2)66.67	
1	(35)20.47	(136)79.53	
2	(2)28.57	(5)71.43	
3	(0)0.00	(5)100.00	
Location of respondent's resident			16.88 (S)
0	(13)15.85	(69)84.15	
1	(1)25.00	(3)75.00	
2	(23)35.38	(42)64.62	
3	(0)0.00	(18)100.00	
4	(1)5.88	(16)94.12	

Source: Survey 2016 NS= Not Significant and S= Significant at P< 0.05

Our findings for hypothesis 2 revealed that no significant association exist between age of respondents, marital status and with visit to ANC this implies that whether young or old variation to accessing ANC does not differ. However the study found out that location of respondent's place of resident was a significant factor. This agrees with the findings in.^[2] It signifies that the place where respondents reside is a major barrier to accessing ANC. This is true because most of these women reside in remote villages with transport difficulties and some of these locations do not have health facility nearby to access.

CONCLUSION AND GLOBAL HEALTH IMPLICATIONS

This study has revealed that factors such as not receiving support from husband and location of respondents were the two most important socioeconomic and demographic barriers affecting the utilization of ANC among women of child bearing age in WLGA. This has strong policy implications that can increase ANC utilization thereby reducing maternal and child mortality in Nigeria. Such policy recommendations need to focus on strong advocacies by stakeholders towards encouraging men to participate more actively in their wives reproductive health. It should also involve making cost of ANC affordable if not total cost free for all pregnant women. Women education should also be encouraged over early marriage especially in the rural areas. This will enhance women economic power which will make them less dependent on their husbands. Effort should also be made by government and individual entrepreneurs to build more health facilities nearer to the people especially in rural areas.

ACKNOWLEDGEMENT

The authors acknowledge the staff of National Open University of Nigeria, Minna study center for ethical approval granted for the study. We also acknowledge the inputs of Research Assistants from Comprehensive Health Center, Zungeru during the survey.

CONFLICT OF INTEREST

ODN conceived, designed, carry out the survey and wrote the paper; HAK supervised the entire work, while OPE contributed to the statistical analysis of the data and edited the work for journal publications. The authors declare no conflict of interest. **Funding:** The authors had no financial assistance to carry out the research.

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