

[Home](#)



Getting the healthcare basics right for pregnant women in Nigeria

July 19, 2018

Women's Health and Action Research Centre

Nigeria has one of the highest maternal mortality rates in the world. The country's estimated 40,000 maternal deaths annually account for approximately 14% of the global total, according to an [African Population and Health Research Center fact sheet](#). A major reason for these deaths is that many women, particularly in rural areas, don't go to primary health centres for antenatal care, post-natal care, or for giving birth.

The Government of Nigeria has made maternal and child health a priority. The country's 33,000 primary health centres are central to the strategy because they are the gateway to Nigeria's entire health system. In 2017, the government launched a plan to revitalize more than 10,000 of these centres, especially in rural areas.

Research funded through the Innovating for Maternal and Child Health in Africa initiative is generating empirical evidence to support this revitalization effort with evidence-based recommendations. A team comprising researchers from the Women's Health and Action Research Centre of Nigeria and the University of Ottawa is identifying the barriers preventing pregnant women from using these centres in two local government areas in Edo state: Esan South East and Etsako East. Working in collaboration with the Edo State Primary Health Care Development Agency, the team is also testing innovative interventions in the centres and among community members to improve maternal care.

Highlights

- A survey in the state of Edo in Nigeria found that 62% of pregnant women were receiving antenatal care in a primary health centre.
- 25% of the women surveyed had delivered at home or with a traditional birth attendant.
- Researchers are testing improvements such as appropriate staffing, new transportation arrangements for pregnant women, and health education to improve access to maternal and child health.
- They are looking for specific measures that governments and communities could deploy as a package to enhance pregnant women's access to primary health centres in Nigeria.

Data on women's use of primary health centres

The team started with "community conversations" in selected communities to explore the barriers to using health centres. Focus group discussions with women and men followed, as did interviews with key stakeholders. The research team assessed the primary health centres in the selected communities and interviewed

women who had received maternal care to document their experiences. Lastly, the team surveyed 1,408 randomly selected women of reproductive age from 20 communities.

This initial survey found that the majority of women, 62%, were receiving antenatal care in a primary health centre. But it also showed that only 47% of women who had recently given birth had delivered at a centre.

Another 28% of them went to other government facilities or a private hospital. The remaining 25% had delivered at home or with a traditional birth attendant — a percentage that is considered too high given the dramatically increased risk of maternal and perinatal deaths.

The pregnant women who used the health centres said the facility was close to home, the services were good, a care provider was available, the services were affordable, and their husband wanted them to go to the centre. In contrast, pregnant women who didn't use the centres pointed to poor service, lack of a healthcare provider, high cost, and the facility being too far or not open.

Contrary to the researchers' expectations, women did not cite cultural or religious beliefs leading them to prefer home birth or to reject antenatal care in the health centres.

Putting findings into action

These findings and many more were presented to federal and state officials, community members, and local dignitaries. Together, they identified interventions that the research team is testing in a randomized controlled trial that will compare the results in communities receiving improvements with communities where services remain the same.

In the primary health centres the interventions include appropriate staffing, a revolving drug fund, adequate equipment and supplies, better living conditions for health providers, and training on respectful care, protocols, and referrals. In the communities the measures include arrangements for transportation to the health centres, health education, community health insurance schemes, volunteers to visit women at home to encourage them to use the services at the centres, and programs to motivate traditional birth attendants to refer women to the centres.

Community support for the interventions is growing with strong participation in community-based initiatives and a number of financial commitments from local institutions and dignitaries toward repairs and renovations, the revolving drug fund, and transportation. The high level of local ownership in this project is demonstrating that when fully informed, communities can drive efforts to improve primary healthcare delivery.

The research team will also reinvigorate the Ward Development Committees that were launched by the Nigerian government in 2000 to encourage community participation and access to primary health centres.

Community surveys at the halfway point and at the end of the trial will help to identify any change in the use of the primary health centres. In particular, the team will identify the measures that the governments and local communities in Edo State and elsewhere in Nigeria could deploy to enhance pregnant women's access to these centres. These solutions will contribute towards improving maternal and child health in Nigeria.

[Increasing women's access to skilled pregnancy care to reduce maternal and perinatal mortality in rural Edo State, Nigeria: a randomized controlled trial](#)

[Predictors of women's use of primary healthcare for skilled pregnancy care in rural Nigeria](#)

[Nigeria's president commits to revitalizing 10,000 primary healthcare centres](#)

Discover more research in action

[RESEARCH IN ACTION](#)

[Giving women a voice in government](#)

[RESEARCH IN ACTION](#)

[Better cassava boosts food security](#)

[RESEARCH IN ACTION](#)

[More nutritious bananas resist disease](#)

[RESEARCH IN ACTION](#)

[Decades of cassava research bear fruit](#)

[RESEARCH IN ACTION](#)

[Tanzania's healthcare breakthrough](#)

[RESEARCH IN ACTION](#)

[The challenge of achieving health equity in Africa](#)

Knowledge. Innovation. Solutions.

Sign up now for IDRC news and views sent directly to your inbox each month.

[Subscribe](#)



Follow us

