

Increasing Women's Access to Skilled Care to Reduce Maternal and Perinatal Mortality in Nigeria

Women's Health and Action Research
Centre (WHARC), Nigeria in
collaboration with the University of
Ottawa, Canada

Research Partnerships

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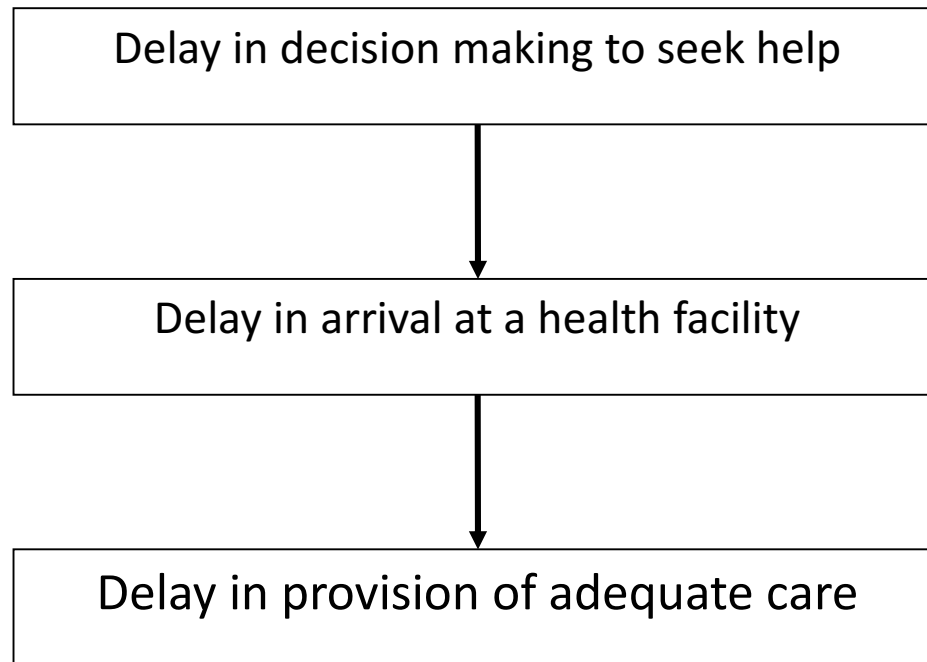
Background

- Nigeria has some of the highest rates of maternal and perinatal deaths in the World.
- Nigeria contributes 14% to current world estimates of maternal deaths
- About 750,000 children under the age of 5 years die each year
- We believe this to be due to inadequate access of citizens to evidence-based quality maternal and neonatal health

Determinants of Maternal and Child Health Utilization

- Socio-cultural factors – educational level, wealth profile, beliefs and perceptions about healthcare utilization, etc.
- Geographic factors – Rural versus urban
- Health System factors - It's responsiveness, availability, and perceptions about cost and effectiveness.

The 3-Delay Model for Explaining Maternal Mortality



(Source: Thaddeus and Maine, 1994; see <http://www.maternityworldwide.org/causes.html>)

Demand and Supply Factors: Critical to PHC Utilisation

- Demand – knowledge of the PHC, perceptions and beliefs about effectiveness of PHC versus traditional care, etc.
- Supply - 1) Availability, 2) Geographic Accessibility, 3) Affordability and 4) Acceptability

Both demand and supply factors must be addressed if women are to use PHC for MCH services in Nigeria.

Otherwise, they will continue to use ineffective traditional methods or no method at all.

Research Goal

To reduce maternal and perinatal mortality in Nigeria by strengthening the availability and use of maternal primary health care services by most-at-risk and vulnerable women.

Specific Objectives

- To explore the socio-economic and cultural factors of use or non-use of PHC services in 2 selected rural LGAs in Edo State, Nigeria;
- To implement a series of multi-faceted interventions for improving demand and use of PHC services in one LGA in Edo State; and
- To test the effectiveness of the interventions in improving women's use of evidence-based primary maternal and neonatal services by comparing MCH outcome indicators in the intervention LGA vs a control LGA that continues with normal practices

Summary of Study Design

A community-based, multi-site, and multi-disciplinary cluster randomized trial using a mixed methods approach.

The project will be done in three phases:

Phase 1: Formative Research

Phase 2: Intervention Research

Phase 3: Evaluation, Policy Transformation and
Scaling

Keys messages for the users at the end of the projects

- Information on causes of maternal and perinatal deaths
- The value of antenatal and delivery care in reducing maternal and perinatal deaths
- The importance of primary health care – and its role in counselling, treatment and prevention of pregnancy complications
- The fact that safe delivery can take place in Primary Health Centres
- Only complicated pregnancies and deliveries need to be referred to higher levels of care

Target populations for these messages

| Key messages | Potential users | Role in the health system |
|--|---|---|
| Info on the causes of maternal and perinatal deaths | All women and their partners – including community members | Primary and secondary beneficiaries |
| Promoting early use of antenatal and delivery care | Pregnant women and secondary gate-keepers (e.g. husbands of pregnant women) | Primary users of maternal health care |
| Primary Health care as place of choice for antenatal and delivery care | Pregnant women, especially in rural populations | Primary users especially women with poor access to maternity care |
| Need for referral services | Pregnant women as well as all health care providers | All health care providers |

Target population of these messages (cont'd)

| Key messages | Potential users | Role in the health system |
|--|--|----------------------------|
| Curtailing cultural practices that prevent women from seeking maternity care | Traditional leaders, religious leaders, policymakers | Cultural Gatekeepers |
| Need to empower women | Policymakers | Policy and decision makers |

Approach to share these messages with the targets groups

| Key messages | Users | Distribution channels | Messengers | Dissemination opportunities |
|---------------------------------------|------------------------------------|---|----------------------|--|
| Use of Antenatal care | Pregnant Women | Community outlets, social media, TV and Radio | CSOs, PHCs and LGAs | Market days, community meetings, Religious meetings |
| Info on maternal and perinatal deaths | All community members | Community outlets, social media, TV and Radio | CSOs, PHCs, and LGAs | Schools, public events, community/religious meetings |
| Delivery in PHCs | Pregnant women and their relatives | Community outlets, social media, TV and radio | CSOs, PHCs, LGAs | Market days, community meetings, Religious meetings |

Approach to share these message with the targets groups

| Key messages | Users | Distribution channels | Messengers | Dissemination opportunities |
|---|-----------|---|---------------------|---|
| Curtailing negative practices against women | All women | Community outlets, social media, TV and Radio | CSOs, PHCs and LGAs | Market days, community meetings, Religious meetings |
| Empowerment of Women | All women | Community outlets, social media, TV and Radio | CSOs, PHCs and LGAs | Market days, community meetings, Religious meetings, political meetings |

Dissemination/diffusion Plan

- Wide dissemination of formative and final intervention results
- Advocacy to ensure uptake of positive results in the control LGA
- Collaboration with the FMOH and SMOH
- Partnership with the Health Policy Agencies and Research Organisation (WAHO)

Dissemination/diffusion Plan (cont'd)

- Getting support for health policy analysis in the context of maternal health in Nigeria
- Conducting health policy mapping to identify responsible policy partners and contacts
- Training researchers on health policy analysis, agenda setting and engagement with policymakers
- Implement an advocacy and policy reform plan of action to bring the results of the study into policy development; and
- Developing indicators for monitoring and tracking the policy transformational effects of the research results.

Conclusion

- Increasing women's access to evidence-based maternity care, is one of the most essential strategies for reducing the high rate of maternal and perinatal mortality in Nigeria
- We believe that PHCs hold the key to increased health access for pregnant women in rural and under-served communities in Nigeria
- The WHARC/UO/FMOH promises to show what can be achieved for improved health access for pregnant women when whole communities and their related PHCs are well mobilised to provide key messages on evidence-based maternal health care.

