

# Determinants of Postnatal Care Non-utilization in Nigeria

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## Extended Abstract

Postnatal care aims to prevent maternal and neonatal mortality and morbidity. The WHO recommends that a woman and her baby should be assessed within one hour of birth and again after discharge for births in a facility. First visit should target first 24 hours after delivery for births which occur at home. Follow-up contacts are also recommended at least 2-3 days, 6-7 days and at 6 weeks. The well-being of a woman and her new born depends on the care received during the postnatal period. This is because a large number of maternal and neonatal deaths occur during the first 24 hours of delivery (Lawn et al., 2005). Safe motherhood and a healthy childhood remains a major challenge in sub-Saharan Africa and Nigeria is no exception as the rates of maternal mortality (630 per 1,000 live births) and perinatal mortality (88.4 per 1,000 pregnancies) still remain very high (WHO, 2012). Nearly a quarter of a million babies die annually and there has been no significant reduction in the average neonatal mortality rate in Nigeria. In addition, there exist wide variations in mortality between states, urban and rural areas and among the poor and rich families.

Recent report suggest that 70% of new-born deaths in Nigeria could be prevented if essential interventions in existing health care packages reached all Nigerian women and their new-born (MOH, 2011). Effective uptake of PNC services and healthy home practices could save over 90,000 lives in in the country (MOH, 2011). However, PNC service has been underutilized in Nigeria. This calls for identification of factors that influence women's non-use of postnatal care in the country as addressing the factors could increase neonatal survival as well as promote healthy behaviours such as exclusive breastfeeding and ensure that adequate attention is given to babies with low birth weight.

## Methods

Data from Nigerian Demographic and Health Survey (NDHS) 2008 was used for this study. Information of 28,647 live-born children in the five years preceding the survey were used. Postnatal care utilization is the dependent variable in the study. Using the WHO definition of postnatal care, which takes into account attendant (trained health personnel) and timing (first 41 days), the variable was care are derived based on the following questions in the questionnaire.

1) After discharge or delivery at home, anyone checked respondent

2) How long after discharge/delivery at home was respondent health checked

3) Who checked respondent health after discharge or delivery at home?

4) Where respondent was checked after discharge/delivery at home took place

Postnatal care in this study takes into account uptake, timing and health care providers and where. For the purpose of this study which draws reference from other studies, qualified health care providers include; doctor, nurse, midwife and auxiliary midwife while unqualified health care providers include traditional birth attendants, community or village health worker and 'other' With regards to timing, it is recommended that the mother and baby be assessed within one hour of birth and again before discharge if the mother is in a facility and also within first 42 days. For births that occur at home, first visit should target the crucial 24 hours after birth and also within first 42 days.

The independent variables are patterned after the Anderson and Newman framework (2005) that has been used widely to explain determinants of health care utilization. They include predisposing, enabling and need factors. The predisposing factors in this study include: age, marital status, education, occupation, number of living children, religion and distance to health facility. Enabling factors include: region, place of residence and household wealth status. Need factors include: birth size and pregnancy wantedness. Other factors that would be included in this study are place of delivery and Antenatal care utilization which factor in the woman's use of previous health care utilization.

Data was analysed using STATA 12 and both bivariate and multivariate analysis were conducted.

## Results

Table 1 shows that the percentage of women who did not utilize postnatal care services was 86%.

**Table 1: Percentage distribution of women who had live births in the five years preceding the survey by postnatal care uptake**

Variable(Postnatal care)	Women	Percent (%)
Received	4,066	14.19
Did not receive	24,581	85.81
Total	28,647	100

The preliminary results from the multivariate logistic regression show that education, region, accessibility to care, birth size and place of delivery are significant predictors of postnatal care non-utilization among women in Nigeria.

**Table 2: Multivariate Logistic Regression Showing the Relationship between Selected Variables and Postnatal Care Non-utilization**

<b>Variable</b>	<b>Odds Ratio</b>	<b>p&gt;value</b>	<b>(95% Confidence Interval)</b>
<b>Age</b>			
15-24			
25-34	0.99	0.983	0.87 – 1.44
35+	1.15	0.116	0.09 – 1.38
<b>Education</b>			
No Education			
Primary	0.69	0.000	0.61 – 0.79
Secondary+	0.61	0.000	0.58 – 0.72
<b>Region</b>			
South West			
North Central	2.27	0.00	1.82 – 2.85
North East	1.03	0.791	0.83 – 1.28
North west	2.28	0.000	1.83 - 2.85
South East	1.36	0.043	1.01 – 1.08
South South	0.44	0.000	0.35 - 0.54
<b>Accessibility</b>			
Not a big problem			
Big problem	1.64	0.000	1.46 – 1.83
<b>Child Sex</b>			
Male			
Female	0.93	0.183	0.85 – 1.03
<b>Wealth Index</b>			
Poor			
Middle	0.71	0.000	0.63 – 0.81
Rich	0.51	0.000	0.44 - 0.59
<b>Occupation</b>			
Not working			
Formal Employment	0.90	0.414	0.70 – 1.16
Sales	0.90	0.107	0.80 – 1.02
Agricultural Employment	1.04	0.557	0.90 – 1.21
Others	1.16	0.088	0.97 – 1.37
<b>Marital Status</b>			
Never married			
Currently married	0.87	0.376	0.65 – 1.17
Formerly married	0.93	0.716	0.62 – 1.38
<b>Place of Residence</b>			
Urban			
Rural	1.12	0.091	0.98 – 1.28
<b>Religion</b>			
Christian			
Islam	0.89	0.248	0.77 – 1.06
Traditionalist/Other	1.27	0.202	0.87 – 1.83

<b>Birth Size</b>			
Larger than Average	1.37	0.000	1.23 – 1.52
Average	1.39	0.000	1.20 – 1.59
Smaller than Average			
<b>Place of Delivery</b>			
Health Facility			
Non-health facility	18.18	0.000	12.81 – 17.98
<b>Use of Antenatal Care</b>			
No			
Yes	0.76	0.000	0.67 – 0.86
<b>Child Wantedness</b>			
Then			
Later	0.86	0.147	0.71 – 1.02
No more	1.23	0.086	0.97 – 1.87
<b>Birth Order</b>			
1-2			
3-4	1.07	0.311	0.93 – 1.23
5+	1.14	0.106	0.97 – 1.34

**P <0.05**

#### **Selected References**

Anderson, R. Newman, J.F. (1973). Societal and Individual Determinants of Medical Care Utilization in the United States. *Milpark Mem Fund Q Health Soc.*; 51: 95-124

Lawn JE, Cousens S, Zupan J. (2005) 4 million neonatal deaths: When? Where? Why? *The Lancet* 365:891-900

National Population Commission (NPC), Federal Republic of Nigeria and ORC Macro, Nigeria Demographic and Health Survey 2003, NPC and ORC Macro, Calverton, Md, USA, 2004.

Nigeria Demographic and Health Survey. National Population Commission and ICF Macro. Calverton (Maryland) 2008

WHO: *Trends in Maternal Mortality: 1990 to 2010*. WHO, UNICEF, UNFPA and the World Bank *Estimates*. Geneva: World Health Organization; 2012::72.