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A Publication of the Faculty of Nursing Sciences,
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TABLE OF CONTENTS

UTILISATION OF POSTNATAL CARE SERVICES AMONG WOMEN OF CHILDBEARING AGE IN PRIMARY HEALTH CARE CENTRES IN NIGER STATE, NIGERIA.

Garba, S.N; Anyebe, E.E; Salihu, A.K; Salihu, A.A; Ibrahim, A.H. and Jibril, U.N.

ABSTRACT

The postnatal period is critical to the health and survival of a mother and her new-born. This study sets out to assess the utilization of postnatal care services in Primary Health Care (PHC) facilities in Niger State, Nigeria. With the objectives of identifying the availability of postnatal care services in the Primary Health Care facilities, determining the women's utilization of the services, and to identify the factors influencing the utilization of postnatal care services in the PHC facilities in Niger State. The study Utilizes the cross-sectional survey design and the instrument adopted was a questionnaire. The multistage sampling technique was used to select 902 women of childbearing age. Data was analysed using tables, frequencies and percentages. The result of this study showed the socio-demographic characteristics of the female respondents. It was observed that majority of the respondents are within the age of 18-25years. Majority of the respondents are Muslims who cut across the four major ethnic groups of Gwari, Hausa, Kambari and Nupe in the State. Further findings observed that majority are married with tertiary education. Lastly, majority of the female respondents are either housewives or civil servants and their children are less than five (5). The socio-demographic findings of the respondents husband revealed that they had tertiary education, majority are either farmer or civil servants and majority have extended families while majority had one wife and majorities wife's position is first. This study also revealed that PHC clinics are available in majority of the communities and the estimated duration of trekking time to the nearest facilities in the community is 15-34minutes. This study revealed that the utilization of post-natal services in the communities is poor and the reason for non-utilization of post-natal services are lack of drugs in the facilities and lack of qualified staff. This study observe that women with higher level of formal education utilize the postnatal services more than those without or with lower levels of formal education and similarly, the respondents husband's level of education was found to have influenced the women's utilization of postnatal services. It is recommended that health education programmes should be intensified to encourage utilization of postnatal services.

Keywords: Assessment; Utilization; Postnatal care.

INTRODUCTION

Reduction in maternal mortality and morbidity has been the focus of several international conferences and programmes. From the introduction of primary health care in 1978 through the Bamako Initiative, Safe Motherhood and the Millennium Development Goals, most programmes are aimed at improving quality, access and utilization of health services by all the people with special attention given to women and children (Hiluf and Fantahun, 2008). Instead of improving access, quality and utilization of health services including maternal health services, the introduction of various health policies and programmes in many developing countries results in inequalities in terms of coverage of citizens and quality of services available to the people (Ha, Berman and Larson, 2002).

Maternal health care services (MCH) are essentially promotive, preventive and provide avenues for the early detection of mothers at high risk of illness and mortality during pregnancy, labour and postnatal periods (Al-Nahedh, 1995; Lucas and Gilles, 2003; Olugbenga-Bello, Asekun-Olarinmoye, Adewole, Adeomi and Olarewaju, 2013). Maternal health care service encompasses family planning, preconception, antenatal, delivery and postnatal care. The main objective of maternal health care is to ensure that expectant and nursing mothers have normal delivery, and bear healthy children and maintain good health.

Postnatal period is the time beginning immediately after the birth of a child and extending to 42 days (Fraser, Cooper and Nolte, 2006) while postnatal care is the health care given to the mother and the newborn immediately after delivery through the first 42 days after childbirth (Park, 2006). Biologically, the postnatal period is the time after delivery in which the mothers body including the hormonal levels and the uterus (womb) returns to the pre-pregnancy state. Rosman and Graham (2006) outlined the following objectives of postnatal care: Postnatal care issues include recovery from childbirth, concerns about newborn care, nutrition, breastfeeding, and family planning (Mwaniki, Kabiru and Mbugua, 2002).

The use of maternal healthcare services is reported to remain low in Sub-Saharan Africa including Nigeria due to lack of access with only 58% of women reported to have attended at least one antenatal clinic during pregnancy, 39% births attended to by skilled professionals, 35% of deliveries in hospitals and 43.7% of women that received postnatal care (Olagunju, Adereti, Afolabi and Nwaogu; 2016). Discrepancies in access are also said to occur between the rich and poor women, between the young and the old women, between the urban and rural women and between the literate and non-literate women (Jibril, Sanusi, Lawan, Kamar, Umar, and Ayo; 2017). While many of the barriers to the use of maternal health services such as educational status of women, low economic status and religion are not directly linked with access and quality of maternal health services, there are many barriers that maternal health systems interventions could address (Rejuaro, Umar, Olubiyi, Olayinka and Raji, 2016).

Realizing the inequalities in health services of many developing countries, the WHO in a world conference at Alma-Ata held in 1978 introduced the primary health care whose uniqueness lies in its proposed comprehensiveness, global coverage, community participation and application of all relevant resources in pursuit of health for all (Whitehead and Dahigren, 2006). The main premises of the 1978 declaration of Primary Health Care at Alma-Ata are that disparities in access to health services and in the health status of the people are unacceptable. Thus, the declaration specified that by the year 2000 A.D, everybody would have attained a level of health which will make them lead productive lives through PHC.

STATEMENT OF THE PROBLEM

Despite the introduction of the various measures to curb maternal mortality and morbidity, the use of maternal health services is found to be disproportionate among the people. The Federal Ministry of Health (2008) reports that the health behaviour of Nigerian women regarding pregnancy-related care remains poor and poses one of the greatest challenges to maternal mortality reduction in the country. It has been reported that the utilization of maternal health care services is lower in Nigeria especially in the Northwest and parts of the north-central regions like Nasarawa and Niger states (Azuogu, Azuogu and Nwonwu, 2011).

According to the Niger State Ministry of

Health (2017), reports from some health personnel providing maternal health services in some health facilities across the state indicates poor attendance at antennal and postnatal clinics and high rates of child deliveries at home. Some of the children delivered at home are eventually presented in the hospitals and clinics with complications either affecting the mothers or the children or both at various times while the few that delivered their babies in the hospitals/clinics usually arrive the health facilities late and in distress. The information adds that many maternal deaths occur at homes in various communities across the state. Few of the deaths occurr in the hospitals and clinics mainly made up of mothers who arrive the clinics when it is too late to remedy their conditions. Most of these deaths and complications are occurring as result of the fettered access to the maternal health services provided by the primary health care as a result of several socio-cultural factors such as ignorance, traditional practices and poor transportation system in many rural areas of the state while poverty and poor quality of the services are said to be important factors contributing to the poor utilization of the services, thus making this study imperative.

SCOPE OF THE STUDY

The study investigates availability and utilization of postnatal services in PHC facilities in Niger State. It also identifies factors influencing the utilization of postnatal services among women of childbearing age resident in Niger State.

METHODOLOGY

Research Design: The cross-sectional descriptive study design was adopted for the study which was carried out in Niger State.

Research Setting: Niger State is situated in the North-central geopolitical zone of Nigeria. It shares boundaries with Republic of Benin in the West, Zamfara State in the North, Kebbi State in the North-west, Kogi State in the South, Kwara State in the South-west, Kaduna State in the North-east and the Federal Capital Territory (FCT) in the South-east. Niger State has a population of 3,950, 249 people made up of 2,032, 720 males (51.5%) and 1,917,524 females (48.5%). The annual population growth rate of the state is 3.4% (Niger State Ministry of Health, 2017). Niger State occupies a total land area of 86,000 km^2 which is about 9.3% of the total land area of Nigeria. The state is ethnically and religiously heterogenous with most of the people residing in rural areas spread all over the state. The largest indigenous ethnic groups in the state include Nupe, Gbagyi, Hausa/Fulani, Kambari, Koro, Kadara, Dukkawa, Kamuku, Bisan, Pangu and Gungawa while non-native tribes like Yoruba, Igbo and other ethnic groups are found living in all parts of the state.

The Total Population: The population of study is made up of women of childbearing age resident in Niger State.

Sampling Technique: 903 women of childbearing age from six Local Government Areas were selected through a multistage sampling technique as follows:

i. The first stage involved taking the three (3) Senatorial districts IN Niger State; Niger West, Niger Central and Niger North as clusters.

ii. The second stage involved selecting two (2) LGAs from each of the three clusters (the 3 Senatorial districts) through simple random sampling technique for each Senatorial District to make a total of six LGAs. The selected LGAs were Gurara and Paikoro LGAs in Niger Central senatorial district, Gbako and Lavun LGAs in Niger West Senatorial district and Magama and Mariga LGAs in Niger North senatorial district.

iii. In stage 3, two districts were purposively selected from each LGA for the study.

iv. In each of the selected districts, the district headquarters and one village were purposively selected from where the households were drawn. Thus, in each of the selected LGAs, the Local Government headquarters and one other district that had difficult to reach villages and lacking in basic social amenities. Thus in each LGA, four (4) communities were purposively selected to make a total of 24 communities selected for the study.

v. A total of six hundred and thirteen (613) households were selected for the study through a combination of probability and non-probability sampling procedures. This comprised of 204 households in Niger West Senatorial district, 203 in Niger Central Senatorial district and 206 in Niger North Senatorial district i.e. 100 households each from three (3) LGAs and 103, 104 and 106 households from three (3) LGAs

vi. In each household, women of childbearing age were selected purposively based on the criteria of having had a baby within the last five years or being pregnant at the time of data collection. Availability and willingness to participate in the study were also considered in their selection. In all, 1-2 women each were selected in most of the selected households.

Instrument: The questionnaire was self-administered by literate respondents while for all the non-literate respondents; it was directly administered and retrieved by the researcher or the research assistants. Altogether, 903 questionnaires were distributed and 887 were retrieved giving a 98.2% return rate.

Validity: The questionnaire was giving to expert for face and content validity

Reliability: A pilot study was done using 30 respondents in three (3) different communities; one community in each of the three senatorial districts. Test retest method was used to analyse the score given a co-efficient reliability score of 0.78.

Data Analysis: Data was analysed using the SPSS *version 23.0* (Statistical Package for the Social Science *Version 23.0*). The statistics used include tables, frequencies and percentages.

The researcher engages 18 research assistants who were trained for the household survey. They were divided into three groups and trained in three different locations one each in the three Senatorial Districts for two days each. They were trained on how to apply the household questionnaire for the selected women of childbearing age.

Ethical consideration: In the research a community, consent was obtained from the District Heads of all the selected districts while in all the selected households, informed consent was obtained from the household heads. The women consented to their participation in the research after an explanation regarding the research and confidentiality was ensured.

RESULT

Table 1 showed the socio-demographic characteristics of the female respondents. It was observed that 38.8% and 36.3% are within the age groups 18-25 and 26-33 years old respectively. Majority (73.5%) are Muslims who cut across the four major ethnic groups of Gwari, Hausa, Kambari and Nupe in the State. The findings also reveal that 84.4% are married, 5.3% are single mothers. In terms of formal education, 33.7% of the women of childbearing age have no formal education. Also, about half (49.5%) are complete housewives not engaged in any economic activity while 84.9% have less than 5 children.

Table 1: Sociodemographic Characteristics of Female Respondents

Characteristics	Frequency	Percentage (%)
A. Age (years)		
Less than 18	9	1.0
18 – 25	322	36.3
26 – 33	344	38.8
34 – 41	171	19.3
42- 49	37	4.2
More than 49	4	0.4
Total	**887**	**100**
B. **Religion**		
Islam	653	73.6
Christianity	221	24.9
Traditional Religion	13	1.5
Total	**887**	**100**
C. Ethnic Group		
Gwari (Gbagyi)	212	23.9
Hausa	147	16.6
Kambari	138	15.6
Nupe	215	24.2
Others (Fulani, Igbo, Yoruba, Kadara etc)		
Total	175	19.7
D. Marital Status	**887**	**100**
Single	47	5.3
Married	749	84.4
Divorced	67	7.6
Widowed	24	2.7
Total	**887**	**100**
E. Level of Education		
No formal education	299	33.7
Primary education	140	15.8
Secondary education	216	24.4
Tertiary education	232	26.2
Total	**887**	**100**
F. Occupation		
Housewife	439	49.5
Farming	128	14.3
Civil service	281	31.7
Business/Trading	39	4.4
Total	**887**	**100**
G. Number of Children		
Less than 5	753	84.9
5-8	82	9.2
9-12	38	4.3
More Than 12	14	1.6
Total	**887**	**100**

Table 2 observed the husbands' socio-demographic characteristics. The findings showed that 29.7% had no former education, 10.3% had primary education, 26.2% had secondary education and 33.9% had tertiary education. The husband's occupation showed that 5.1% have no work, 30.6% are farmers, 7.6% are daily labourers, 36.4% are civil servant and 20.4% are business traders. The type of family revealed that 49.9% are nuclear family while 50.1% are extended family. Husband's number of wives showed 2.5% are not married, 42.1% had 1 wife, 33.6% had 2 wives, 4.1 has 3 wives, 7.4 has 4 wives and 0.3% has more than 4 wives. The wive position to the husband observed that 56.8% are first wives, 29.8% are second wives, 7% are third wives, 2.9% are fourth wives and 3.5% are missing cases. Husband's characteristics and family type are perceived as strong contributors to utilization of maternal health services by women. The summary of this findings showed that majority of the respondent had tertiary education, majority are either farmer or civil servants and majority have extended families while majority had one wife and majorities wife's position is first.

Table 2: Respondents' Husbands' Socio -demographic Characteristics

Characteristics	Frequency	Percentage (%)
A. **Husband's Level of education**		
No formal education	263	29.7
Primary education	91	10.3
Secondary education	232	26.2
Tertiary education	301	33.9
Total	**887**	**100**
B. **Husband's occupation**		
Did not know	45	5.1
Farming	271	30.6
Daily labourer	67	7.6
Civil servant	323	36.4
Business/Trading	181	20.4
Total	**887**	**100**
C. **Type of family**		
Nuclear	443	49.9
Extended	444	50.1
Total	**887**	**100**
D. **Husband's number of wives**		
Not married	22	2.5
One wife	373	42.1
Two wives	298	33.6
Three wives	125	14.1
Four wives	66	7.4
More than four	3	0.3
Total	**887**	**100**
E. **Wife's position to the husband**		
First wife	504	56.8
Second wife	264	29.8
Third wife	62	7.0
Forth wife	26	2.9
Missing cases	31	3.5
Total	**887**	**100**

Table 3 observes that PHC clinics are available in 94% of the communities, 4% not available in some communities and 2% not sure. Findings also revealed that the estimated duration of trekking time to the nearest facilities of 36.4% of respondents is less than 15 minutes, 39.9% of respondents is 15-34minutes, 16.5% of respondents is 35-60minutes, 1.6% of respondents is 65-90minutyes, 2.4% is100-120muinutes, 2.5% of respondents is 140-180 minutes and 0.8% of respondents is 200-300minutes. This study therefore conclude that PHC clinics are available in majority of the communities and the estimated duration of trekking time to the nearest facilities in the community is 15-34minutes.

Table 3: Availability of Postnatal Clinics and Respondents' Estimated Duration of Trekking Time to the Nearest PHC Facility in Minutes

A. Availability of Postnatal Services		
Available	835	94.1
Not available	32	3.6
Don't know	20	2.3
Total	**887**	**100**
B. Time in minutes		
Less than 15 Minutes	323	36.4
15 – 34 Minutes	354	39.9
35 – 60 Minutes	146	16.5
65 – 90 Minutes	14	1.6
100 – 120 Minutes	21	2.4
140 – 180 Minutes	22	2.5
200 – 300 Minutes	7	0.8
Total	**887**	**100**

Table 4 reveals that 16% of respondents strongly agreed that they go to post-natal clinic regularly, 2% agreed while 31% disagreed and 51% strongly disagreed. This study observed that 10% of respondents strongly agreed that Post-natal clinic is very assessable, 0.1% agreed while 34% disagreed and 54% strongly disagreed. 16% of respondents strongly agreed that Post-natal services are available in the clinic, 5% agreed while 40% disagreed and 34% strongly disagreed. 15% of respondents strongly agreed that Post-natal services are not expensive, 5% agreed while 23% disagreed and 56% strongly disagreed. 9% of respondents strongly agreed that Health workers are available for Post-natal services, 11% agreed while 23% disagreed and 57% strongly disagreed. This study report that 26% of respondents strongly agreed that they use post-natal services because I am sick, 34% agreed while 23% disagreed and 18% strongly disagreed. 40% of respondents strongly agreed that they use post-natal services when l takes my child to the hospital, 16% agreed while 33% disagreed and 11% strongly disagreed. This study conclude that the utilization of post-natal services in the communities is poor.

Table 4: Utilization of Postnatal Services

Items	SA	A	D	SD
I go to post-natal clinic regularly	141(16%)	20(2%)	278(31%)	448(51%)
Post-natal clinic is very assessable	90(10%)	17(0.1%)	300(34%)	480(54%)
Post -natal services are available in the clinic	143(16%)	48(5%)	353(40%)	300(34%)
Post -natal services are not expensive	136(15%)	48(5%)	203(23%)	500(56%)
Health workers are available for Post -natal services	80(9%)	100(11%)	200(23%)	507(57%)
I use post -natal services because I am sick	230 (26%)	300(34%)	200(23%)	157(18%)
I use post -natal services when l takes my child to the hospital	353(40%)	143(16%)	291(33%)	100(11%)
	19	**11**	**48**	**40**

Table 5 showed that 47% of respondents stated that the reason for non-utilization of post-natal services is lack of drugs in the facilities, 41.5%, stated that Lack of qualified staff as their own reason, 39.1% stated financial constraints, 35.5% stated lack of permission from the husband, 31.5% are not aware that is necessary while 20.9% stated poor attitude of staff in the facility and lastly, 28.1% stated that their culture encourages the use of art. The result of this study revealed that the reason for non-utilization of post-natal services are lack of drugs in the facilities and lack of qualified staff.

Table 5: Reasons for Non-utilization of Postnatal Services

Reasons	Frequency	Percentage (%)
Lack of Drugs in the facilities	417	47.0%
Lack of qualified staff	368	41.5%
Not satisfied with services in the clinic	347	39.1%
Financial constraints	315	35.5%
Lack of permission from husband	297	33.5%
Not aware that it is necessary	276	31.5%
Poor attitude of staff in the facilities	274	30.9%
My culture encourages use of herbs	249	28.1%

*Multiple responses recorded

Table 6 showed that 49.1% of respondents with tertiary education utilized post-natal services, while 50.9% did not. 28.7% of respondents with secondary education utilized post-natal services, while 71.3% did not. This study observed that 30% of respondents with primary education utilized post-natal services, while 70% did not. 31.4% of respondents with no formal education utilized post-natal services, while 68.6% did not. This study therefore conclude that women with higher level of formal education utilize the postnatal services more than those without or with lower levels of formal education.

Table 6: Women's Level of Education and Utilization of Postnatal Services

Educational Qualifications	Ever Utilized Postnatal Services		Total
	Utilized postnatal services	Did not utilize postnatal services	
Tertiary	114 (49.1%)	118 (50.9%)	232 (100%)
Secondary education	62 (28.7%)	54 (71.3%)	216 (100%)
Primary education	42 (30.0%)	98 (70.0%)	140 (100%)
No formal education	94 (31.4%)	205 (68.6%)	299 (100%)
Total	**312 (35.2%)**	**575 (64.8%)**	**887 (100%)**

Table 7 observed that 45.5% of husband's with tertiary education utilized post-natal services while 54.5% did not. 26.7% of husband's with secondary education utilized post-natal services while 73.3% did not. This study also revealed that 41.8% of husband's with primary education utilized post-natal services while 58.2% did not. 28.5% of husband's with no formal education utilized post-natal services while 71.5% did not. This study therefore conclude that husband's level of education was found to have influenced the women's utilization of postnatal services.

Table 7: Husband's Level of Education and Utilization of Postnatal Services

Husbands' Educational Qualifications	**Ever Utilized Postnatal Services**		**Total**
	Utilized postnatal services	Did not utilize postnatal services	
Tertiary education	137 (45.5%)	164 (54.5%)	301 (100%)
Secondary education	62 (26.7%)	170 (73.3%)	232 (100%)
Primary education	38 (41.8%)	53 (58.2%)	91 (100%)
No formal education	75 (28.5%)	188 (71.5%)	263 (100%)
Total	**312 (35.2%)**	**575 (64.8%)**	**887 (100%)**

DISCUSSION

The health of a mother and her new born child depends not only on ANC and institutional delivery services received but also on the care received during the first few weeks after delivery. This is particularly important for births that took place outside the health facilities. This study assesses the utilization of postnatal care services in Primary Health Care (PHC) facilities in Niger State, Nigeria. The sociodemographic characteristics of female respondents show that majority are within the age groups 18-25 and 26-33 years old respectively. Majority of the respondents are Muslims who cut across the four major ethnic groups of Gwari, Hausa, Kambari and Nupe in the State. Findings also reveal that majority of respondents are married and majority have formal education. Also, this study observed that majority of respondents were complete housewives not engaged in any economic activity while majority have less than 5 children. Findings also show that Husband's sociodemographic characteristics and family types are perceived as strong contributors to the utilization of maternal health services by women. The husbands' socio-demographic characteristics show that a cumulative majority of the respondents' husbands have between secondary and tertiary levels of education. Almost equal numbers of respondents live in nuclear and extended types of family while majority of the respondents' husbands (55.4%) are polygamous and 56.8% of the women indicate that they are the first wives of their husbands.

Our findings reveal that PHC clinics are available in majority of the communities and the estimated duration of trekking time to the nearest facilities in the community is 15-34minutes. This study is consistent with Jibril, Sanusi, Lawan, Kamar, Umar, and Ayo (2017) who reported discrepancies in access to postnatal services that occur between the rich and poor women, between the young and the old women, between the urban and rural women and between the literate and non-literate women.

The findings of this study showed that the utilization of postnatal care services was poor. This result of this study is significantly low and in agreement with the findings of

Olagunju et al (2016) who report that 43.7% of the women are said to have utilized the services in the community and Medhanyie *et al* (2012) who observed that only 1% of the women that delivered babies reported for postnatal care most of who are either sick or their babies have some health challenges within the period in rural areas of Ethiopia. This study is also consistent with the Federal Ministry of Health (2008) who reported that the health behaviour of Nigerian women regarding pregnancy-related care remains poor and poses one of the greatest challenges to maternal mortality reduction in the country and Azuogu, Azuogu and Nwonwu, (2011) who also observed that the utilization of maternal health care services is lower in Nigeria especially in the Northwest and parts of the north-central regions like Nasarawa and Niger states. This study is in accordance with the Niger State Ministry of Health (2017) who reported that some health personnel providing maternal health services in some health facilities across the state indicated poor attendance at antennal and postnatal clinics and high rates of child deliveries at home. However, at variance with the findings of Koria *et al* (2012) who report a 98% attendance at postnatal clinics among rural women in India.

Our observation on this study on the reasons for non-utilization of postnatal services are lack of drugs in the facilities, lack of qualified staff and dissatisfaction with services The finding of this study support Marchie (2012) who identifies educational attainment, economic status, cultural practices, decision making power of the woman and poo quality services as important predictors in the utilization of postnatal services by women. This study is at variance with the study of

Abel *et al* (2012) who observes that the reasons for non-utilization of postnatal services are cultural practice among Lubumbashi people who believed that new-born will be exposed to demonic influences and witchcraft if women are not confined to the house within the first 42 days of childbirth and in addition, they mentioned poor services and poor attitude of the workers as contributory.

The result of this study shows that women with higher level of formal education utilize the postnatal services more than those without or with lower levels of formal education. This study is not in support of Rejuaro, Umar, Olubiyi, Olayinka and Raji, (2016) who reported that many of the barriers to the use of maternal health services such as educational status of women, low economic status and religion are not directly linked with access and quality of maternal health services.

The findings of this study found that husband's level of education influence the women's utilization of postnatal services. This study is in agreement with the study of Jibril, Sanusi, Lawan, Kamar, Umar, and Ayo (2017) who observed discrepancies in access are also said to occur between the rich and poor women, between the young and the old women, between the urban and rural women and between the literate and non-literate women

Conclusion: It could be seen that while PHC facilities are available in most communities, utilization of postnatal services is poor among women. This is due to factors like education of women and husbands, access, occupation and ethnicity. It is also seen that most of the women that utilize the postnatal services did so either because they are sick or because they want to immunize their newborn babies.

Recommendations: It is therefore recommended that attention should be placed on health education, access and general education of the people.

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