

Research Article

## Rural-Urban Comparison of Maternal Healthcare-Seeking Behaviour of Adolescent Girls in Anambra State, Nigeria.

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### Abstract

*Poor health outcomes have been attributed to ineffective sexual and reproductive health education methods and poor maternal health care seeking behaviour among adolescent girls in Anambra State, Nigeria. This quantitative study vividly compares the prevalence and determinants of adolescent childbearing, contraceptive use, use of antenatal care (ANC) services, and institutional deliveries in urban and rural areas of Anambra State, Nigeria from the 2013 Nigeria Demographic and Health Survey (NDHS). A Secondary Data analysis of the 2013 Nigeria Demographic and Health Survey (NDHS) was conducted. Data for Anambra state was extracted from the entire lot and analysed using Statistical Package for Social Sciences (SPSS) version 21. Associations were tested using Chi square, linear regression and multinomial logistic regression and its strength determined using Odds Ratio (OR). The level of statistical significance was set at 5%. This research work concluded that girl-child education, universal health coverage and universal health insurance could be the interventions required to improve service utilization and maternal health for adolescent girls in Anambra State, Nigeria.*

**KEYWORDS:** Adolescent girls, Analysis, Education, Health care, Maternal health.



## Introduction

Nigeria is the most populous country in sub-Saharan Africa. It also has a very young population. The majority of the population is below the age of 25 years, with 22 percent of the country's population between the ages of 10-19 years which are the adolescents (World Bank, 2015). Data on sexual and reproductive health (SRH) outcomes in Nigeria highlight the importance of focusing on adolescents. At 576 maternal deaths per 100,000 live births, Nigeria accounts for roughly 14 percent of the global burden of maternal mortality (DHS 2013/WHO 2014). Global evidence shows that young girls bear a higher burden of maternal mortality and morbidity. Currently, there exists a number of systematic reviews that examine the utilisation of maternal health services by adolescents. Some of these have focused on only ANC and others considered all women in developing countries or synthesised country-specific evidence on the topic. In Sub-Saharan Africa, although extensive research has been carried out on adolescent mothers' utilisation of maternity care during pregnancy, delivery and postnatal periods, no single study synthesised them to explore all aspects of adolescent mothers' healthcare-seeking behaviour. This systematic review, therefore, aims to fill this gap and make recommendations to policy makers, programme planners and clinicians, to improve the maternal health of adolescent women in Sub-Saharan Africa. This is significant to achieve the United Nation's (UN) target to reduce maternal mortality to less than 70 per 100,000 births under the Sustainable Development Goal 3 by 2030. This research paper presents the findings of a recent study that examined the determinants of adolescent sexual behavior and fertility, with a narrower focus on maternal health care, knowledge, attitudes and behavior of adolescent girls aged 10-19 years old in Anambra State, Nigeria.

## Background

The Nigeria Demographic And Health Survey (NDHS) partly provides large scale data on the determinants of maternal healthcare-seeking behavior thus improving health outcomes for females in Anambra state and Nigeria generally. Eighteen Percent of the world population are adolescents, defined as individuals aged 10–19 years. About 16 million girls within this 15–19 age group give birth every year, of which 95% of the births occur in low-and middle-income countries like Nigeria. Girls aged 15–19 years contribute to 12% of global annual births however also make up 10% of global annual maternal deaths. Globally, complications during pregnancy and childbirth are the second leading cause of death amongst girls aged 15–19(DHS 2013/WHO 2014). About three million girls within this age group undergo unsafe abortions every year, further contributing to these adolescent maternal deaths. For those who survive pregnancy, evidence shows that they have higher risks for postpartum bleeding, anaemia, pre-eclampsia and other problems of pregnancy. They also have a higher risk of developing obstetric fistula. Adolescent mothers are not only challenged by the physical threats to their health, as described above, but are also often socially disadvantaged (Nove A, Matthews Z, Neal S, Camacho AV



,2014). Many have to raise their babies as single parents, are unable to complete their education and consequently have a limited capacity to secure a job and sustain a livelihood to support themselves and their children. Adolescent mothers have to deal with all these issues while still going through 'adolescence' with all its challenges as well as adapting to the maternal role concurrently.

## Objectives

This quantitative study aimed at comparing the prevalence and determinants of adolescent childbearing, contraceptive use, use of antenatal care (ANC) services, and institutional deliveries in urban and rural areas of Anambra state, Nigeria from the 2013 NDHS.

## Methods

A secondary data analysis of the 2013 NDHS was conducted. Data for Anambra state was extracted from the entire lot and analysed using SPSS version 21. Associations were tested using Chi square, linear regression and multinomial logistic regression and its strength determined using Odds ratio (OR). The level of statistical significance was set at 5%.

## Results

The mean age of the respondents at first birth was  $21.81 \pm 5.115$  years; 86.3% of these teenage mothers were resident in the urban areas. Level of education was observed to have significant effect on and predict age at first birth ( $B_1 = 1.984$ ,  $p < .0001$ ). The current age of the respondents and husband's desire for more children were observed to have significant effect and predict contraceptive use [ $(\chi^2(8) = 35.329$ ,  $p = 0.001$ ),  $(\chi^2(24) = 44.399$ ,  $p = 0.007$ ),  $(F(5, 88) = 3.825$ ,  $p < 0.003)$ ]. Association with the head of household, wealth index, decision maker for health and contraception [ $(\chi^2(68) = 114.281$ ,  $p = 0.0001$ ),  $(\chi^2(136) = 247.617$ ,  $p = 0.0001$ ),  $(\chi^2(30) = 59.171$ ,  $p = 0.001$  &  $\chi^2(34) = 109.938$ ,  $p = 0.001$ )] were observed to have significant effect on antenatal visits. Also, more female urban residents; 232(89.6%) had their babies at either public or private health institutions compared to their rural counterparts; 42(80.8%) ( $\chi^2(5) = 12.012$ ,  $p = 0.035$ ). Education ( $\chi^2(15) = 65.789$ ,  $p = 0.0001$ ), religion ( $\chi^2(15) = 35.345$ ,  $p = 0.002$ ), wealth index ( $\chi^2(20) = 119.202$ ,  $p = 0.0001$ ) were found to singularly determine the place of delivery. However, with multinomial logistic regression, the most important determinants of institutionalized delivery were current age of the respondents and age at first birth [ $(\chi^2(1) = 4.124$ ,  $p = 0.042$ ),  $(\chi^2(1) = 10.118$ ,  $p = 0.001)$ ]; (OR= 3.987, 95% CI= 1.014 -15.675,  $p = 0.048$ ).

## Conclusion

Maternal education, level of media exposure, region and place of residence are the uniform and consistent predictors of delay in ANC initiation (Darroch J, Woog V, Bankole A, Ashford LS, 2016). This



suggests that girl-child education, universal health coverage and universal health insurance could be the interventions required to improve service utilization and maternal health.

## References

1. World Bank Group (2015) Adolescent Sexual and Reproductive Health in Nigeria

<https://openknowledge.worldbank.org/handle/10986/21626>

2. Nigeria Demographic and Health Survey 2013 [FR 293]

<https://dhsprogram.com/pubs/pdf/fr293/fr293.pdf>

3. WHO. Adolescent pregnancy. 2014. <http://www.who.int/mediacentre/factsheets/fs364/en/>. Accessed 29 Jan 2016.

4. Nove A, Matthews Z, Neal S, Camacho AV. (2014) Maternal mortality in adolescents compared with women of other ages: evidence from 144 countries. *Lancet Glob Heal*, 55–64.

5. Darroch J, Woog V, Bankole A, Ashford LS. (2016) Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. New York: Guttmacher Institute.

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