

ORIE Research Summary

Nutrition Research in Northern Nigeria

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Promoting women's attendance at ANC: target groups and motivating messages

This report outlines the main findings of ORIE operations research on promoting women's use of antenatal care (ANC) services. The study supports refinement of the advocacy strategy for this, implemented by the Working to Improve Nutrition in Northern Nigeria (WINNN) programme.

Focal questions for study

- 1 Who are the main influencers over women's attendance at ANC? (target groups)
- 2 What benefits of ANC are most important to community members? (messages)

The fieldwork was undertaken in ten communities in Katsina state, which were purposively sampled. The research was qualitative and included the use of visual participatory tools and storytelling. The research engaged 513 respondents overall, including adolescent girls and women (who are pregnant or have a child under age six-months), husbands, older women, traditional birth attendants, Imams and community leaders.

Research findings

Very low ANC attendance was affected by health facility factors

In most of the sampled communities in Katsina, we found fairly good uptake of ANC services. Yet some communities had notably lower ANC attendance than others.¹ Low attendance was largely explained by health

Summary of key recommendations

- ✓ Develop a targeted advocacy strategy for adolescent girls.
- ✓ Develop advocacy messages to strengthen women's understanding that some pregnancy problems cannot be felt by the mother, so there is a need for regular monitoring.
- ✓ To reach more men, expand engagement of Imams and town announcers, and radio advocacy.
- ✓ Targeted messages for men could explicitly encourage their financing of ANC attendance, and the benefits of ANC most mentioned by men: child wellbeing, health and development.
- ✓ Provide women with clear information about ANC entitlements, including the month at which they are entitled to start attending ANC.

facility factors that are beyond WINNN influence. For example, a lack of ANC service in the community itself, or the bad attitude and behaviour of health workers in the closest facility.

Where women must travel some distance to ANC services, this exacerbated some of the reasons for non-attendance reported in other communities. For example, long queues, health workers' poor attendance, or mothers being turned away and asked to return for ANC much later in the pregnancy.

« Husband's support is critical. In communities with high rates of ANC attendance, many men encourage their wives to go, or even insist. »

¹ The qualitative sample suggested that over 90% of women had attended ANC in some communities; but less than 20% in others.

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Figure 1 Female and male views on the most important benefits of ANC



What benefits of ANC motivate use of the services?

We asked respondents to explain the most important benefits of ANC. This analysis was used as an entry point to identifying ‘influential messages’ that WINNN could draw on in advocacy materials.

When describing the main benefits of ANC, both women and men emphasised access to prescribed drugs, as well as the peace of mind that comes from being monitored. They also appreciate the advice that they receive from health workers.

However, we found some differences between female and male views on the main benefits of ANC. Figure 1 presents the findings in visual form, with the text size being relative to the number of times it was mentioned by respondents.

In addition to access to prescribed drugs, women focused on detecting and resolving pregnancy *problems*. In contrast, men focused more on *positive outcomes* and placed particular emphasis on the benefit of child health and development after the birth. This suggests

that WINNN could develop targeted messages for women and men.

Men also referred to another benefit of registering for ANC: women without an ANC card are sometimes turned away from the health facility when they come with a pregnancy emergency.

Who influences attendance at ANC?

Husbands

Most women identified their husbands as the main influence over their attendance at ANC, since they require their husband’s permission. Beyond this, in the communities with relatively high rates of ANC attendance men have often been a positive influence. Here, many men have encouraged their wives to go to ANC, and some have even insisted that they attend.

However in the communities with low ANC attendance rates, a lack of support from husbands was a main reason that women had not used the service. A fair number of these men gave their wives permission to attend ANC, but were unwilling to provide the required money. These men were often

« In communities with low attendance, many husbands are nonchalant about ANC and unwilling to provide the required money. »

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described as having a nonchalant attitude towards ANC. Some men have not granted their wives permission, however. These men expressed concerns about female modesty and some reported that ANC is not their tradition and they do not feel that it is necessary.

Many men who support ANC had initially been influenced by health workers, either at the health facility or in community discussions supported by Imams and community leaders. Some men also reported that their Imam promotes ANC at Friday Mosque. Men said that this had been particularly influential because they trust the Imam's judgment and knowledge. In a few communities, town announcers have provided men with an important reminder that it is 'ANC day'. Some men also reported that the radio had been an important source of information on ANC. More broadly, where older women or men in the household support ANC, they have often encouraged their son to allow their wife to attend.

Pregnant women

Many respondents reported that pregnant women themselves have significant influence over their attendance at ANC – in both positive and negative terms.

Across the sampled communities, women have often been the initial source of support for ANC in their households. Some women learnt about ANC from community volunteers, yet most identified health workers as the main influence. Many women had visited the facility due to ill-health, which turned out to be the symptoms of early pregnancy: They were then educated about ANC by the health worker and advised to attend. Numerous husbands reported that their wife explained the benefits of ANC to them and asked for their permission to attend. They therefore identified their wife as the initial influence over their support for ANC.

However, pregnant women have sometimes been the main source of

resistance to ANC services. Some women reported that their husbands had encouraged them to go, but they did not want to, or did not feel the need.

Among these women, the main reason for not attending ANC was their belief that health facilities are only for health *problems*. Some pregnant women age 18+ are also proud of their strength and ability to manage their pregnancy at home, without help. A fairly large number of women have been deterred by long waiting times and overcrowding at ANC clinics, and health workers poor attitude and behaviour. In several communities, women have also been turned away from ANC by health workers, and told to return much later in their pregnancy. Women with bad experiences have seldom returned, and the rumours have also dissuaded other women.

Adolescent girls face additional barriers and fears. Among the sampled females, adolescent girls on their first pregnancy were least likely to have attended ANC. A fairly large number of girls on their first pregnancy had not attended ANC because they were shy about their pregnancy. Adolescent girls also expressed fears about ANC and the drugs and injections they may be given. Compared to older women, they had weaker knowledge about ANC and the potential benefits, and were far less likely to raise the issue of ANC at home, or to ask for permission to attend.

Older women

In many households, older women have been a source of support for ANC. Numerous older women have encouraged their daughters to attend ANC, and in some households they have also persuaded their sons. Granting permission to attend ANC also falls to older women when the husband is not around. Particularly in the communities with low rates of ANC attendance, where men were often described as 'nonchalant' about ANC, older women have stepped in and provided support. This includes the provision of money to enable women to

« Some women believe that health facilities are only for health *problems*, while others are proud of managing their pregnancy without help. »

« Adolescent girls were least likely to have attended ANC. Some are shy about their pregnancy, and fearful about ANC. They have weaker access to information about ANC and are less likely to ask for permission. »

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attend ANC when the husband had been unwilling or unable to provide this.

Older women's support for ANC has often been influenced by health workers, or they have attended group meetings facilitated by community volunteers.

However, some older females have been a negative influence over women's use

of ANC services. This was reported most frequently in the communities with low rates of ANC uptake. Here, some older women felt strongly that ANC is not their tradition, and some do not support ANC because they perceive it is "unnecessary" and "lazy". When older women are not in support of ANC, this often influences the entire household.

ORIE and WINNN

ORIE is an independent component of the UK Government's Department for International Development (DFID) funded Working to Improve Nutrition in Northern Nigeria (WINNN) programme. WINNN is working to improve the nutritional status of 6.2 million children under five years of age in five states of northern Nigeria. ORIE is carrying out research to determine the impact of WINNN and generate important research on key evidence gaps regarding solutions to undernutrition in northern Nigeria.

Credits

This ORIE Research Summary is based on a research report by Emma Jones (OPM). The research team included Ladi Wayi, Hadiza Babayaro, Habibu Sani, Magagi Idris, Aishatu Wayi, Salamatu Abubakar, Ogechi Eberechukwu, Hadiza Abdusalam, Marayam Abdulrahman Ahmad, Nanyi Yachiga, Hadiza Ahmad, Deborah Abu, Sani Ibrahim, and Saidu Abubakar. Readers are encouraged to quote and reproduce material from ORIE Research Summaries in their own publication. In return, ORIE requests due acknowledgement and quotes to be referenced as above.

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Recommendations

- ✓ Develop a targeted advocacy strategy for adolescent girls. This could include small group meetings for adolescents, which would provide a safe space in which they could gain understanding of ANC and its benefits, and discuss their fears and gain reassurance.
- ✓ Develop advocacy messages to strengthen women's understanding that some pregnancy problems cannot be felt by the mother, so there is a need for regular monitoring. This could be coupled with targeted messages for women that emphasise the ANC benefits that are most important to women: detecting and resolving pregnancy problems, access to drugs, and the peace of mind that comes from being monitored and having access to expert advice.
- ✓ To reach more men with ANC promotion, strengthen the engagement of Imams and town announcers and expand the use of radio for ANC promotion. Targeted messages for men could explicitly encourage their financing of ANC attendance (emphasising male responsibility for family health as defined in the Qur'an), as well as the benefits of ANC most mentioned by men: child wellbeing, health and development.
- ✓ Provide women with clear information about ANC entitlements, including the month at which they are entitled to start attending ANC. Ensure that this information is also shared with health workers, through collaboration with maternal health programmes such as DFID's MNCH2.
- ✓ Very low ANC attendance in some communities has been affected by health facility factors beyond the remit of the WINNN programme. However, WINNN could consider raising these issues with other maternal health programmes. This includes: (a) the provision of mobile ANC clinics in communities that do not currently have such services; and (b) ensuring that health workers accept women for ANC at any month in their pregnancy, and attend to pregnancy emergencies whether or not the woman has an ANC card.



ORIE is run by a consortium of UK and Nigerian organisations. In the UK: Oxford Policy Management, Institute of Development Studies, London School of Hygiene and Tropical Medicine, Save the Children UK; in Nigeria: Food Basket Foundation International, University of Ibadan.

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