

# **Antenatal Care Utilization and Effect of Husbands' Cohabiting in Nigerian Households**

## ***Background***

Nigeria is characterized by high maternal and neonatal deaths with maternal mortality rates ranging approximately between 545 to 840 deaths per 100,000 live births (WHO, 2010). Despite reproductive health programmes to boost awareness and the benefit of antenatal care (ANC) among women of reproductive ages (15-49 years), aside other confounding factors, low antenatal care (ANC) patronage is one of the associated predictor for these deaths as most of the occurrences are avoidable had ANC be sorted. One of the goals of ANC is to screen and identify pregnant women who may be at high risk of having complications during their gestation period and childbirth especially in Sub-Saharan Africa (SSA) where patronage of quack health personnel is still high. According to Nigerian Demographic and Health Survey 2008 results, 62% of births occur at home and only 39% are attended by skilled health personnel. Only 58% of women receive some form of antenatal care (ANC) from a skilled provider, varying greatly by geographic area. While 45% of women completed the four or more recommended ANC visits and only 16% have had an ANC visit before their fourth month of pregnancy (first trimester) (NDHS, 2008).

World Health Organization (WHO) recommends that for a woman to be adjudged to have attended ANC, she must have minimum of four visits or more. The recommended schedule of visits is as follows: “the first visit should occur by the end of 16 weeks of pregnancy, the second visit should be between 24 and 28 weeks of pregnancy, the third visit should occur at 32 weeks, and the fourth visit should occur at 36 weeks. Although, women with complications, special needs, or conditions beyond the scope of basic care may require additional visits” (ICF Macro, 2013). Literature reports various factors that are hindering access to ANC in Nigeria such as age, parity, place of residence and so on. Partners' cohabitation (husband living with female partner) is yet to be probed if it is a possible predictor of ANC visits.

It is widely acknowledged that in some countries, males' involvement in decision making concerning family formations and a range of reproductive health issues cannot be overlooked

(Dodoo 1993, Dodoo & Van Landewijk 1996) and the resulting associations vary across populations (Ezeh 1993, Isiugo-Abanihe 1994). These studies came about as a result of the persistent high maternal and neonatal death recorded in these countries. Since Nigeria is categorized by high maternal mortality rates, it is imperative to understand the influence of males on behaviour of their pregnant partners' especially antenatal care visit (Drennan, 1998; Terefe and Larson 1993; UNFPA 2009; USAID 2010).

Given that men if properly enlightened are expected to understand the risk involved in maternal issues and take responsibilities among which is ensuring that their pregnant partners get proper medical attention in order to forestall or minimize the risk of complication during child birth. Hence, how men's presence in the Nigerian household impacts on antenatal care visit of their female partners is important as the feedback is expected to support health programmes targeted at men in Nigeria

### ***Methodology***

The 2013 Nigerian Demographic and Health Survey dataset was used for this study. The sample of females aged 15 - 49 interviewed was 38,948. The unit of analysis used was all females who had a birth in the last three years before survey, have ever attended ANC and married with final sample size of 14,737 women. To ensure that the men live together with these women, women who responded on whether the man lives with her or not coded as 0 "Yes" and 1 "No" which is key predictor were picked. The dependent variable was categorized into with women who attended at least four antenatal visits or more coded (1) and those who attended less as (0). Study controlled for socio economic and demographic variables like religion, partners education, religion, wealth status region, partners occupation, woman employment status and place of residence. Chi square and logistic regression techniques were used to draw bivariate and multivariate inferences. Study was done at 95% confidence interval.

### ***Results***

It shows that about 47.2% of the women did not attend antenatal, while 52.8% of the women had minimum of four antenatal visits as recommended by the World health organization (WHO). 93.3% have their husbands leaving with them. The adjusted odds ratio after controlling for other factors indicates that women whose husbands lives with them were more likely to attend

antenatal than those whose women whose husband lives elsewhere although not significant [AOR, 1.06; 95 percent CI, 0.19-1.25]. Maternal characteristics that had a statistically significant association with antenatal visits included educational level, employment and wealth status. The region place of residence where the married women resided also was statistically significant. Husbands characteristics that significantly influence antenatal visit includes age and education

**Table 1: Unadjusted and adjusted odds ratios of association between Husband living in household and other selected characteristics of women and antenatal care visit in Nigeria.**

Dependent Variable	Unadjusted		Adjusted	
	Odds Ratio (OR)	[95% CI]	Odds Ratio (OR)	[95% CI]
<b>Husband live in house:</b>				
No (RC)				
Yes	1.7764	1.5632 - 2.0187	1.0668	0.9053 - 1.2571
<b>Education:</b>				
No education (RC)				
Primary education	4.6591	4.2176 – 5.1467	2.0585	1.8060 – 2.3463
Secondary	11.5251	10.2768 – 12.9250	3.2901	2.7322 – 3.9620
Higher	95.6532	55.2232 –165.6827	8.9408	4.6220 – 17.2953
<b>Partner's Education:</b>				
No education (RC)				
Primary education	4.3177	3.9079 – 4.7705	2.0681	1.8285 – 2.3391
Secondary	7.8742	7.1527 – 8.6684	2.0135	1.7602 – 2.3033
Higher	17.8231	15.0113 –21.1615	2.3422	1.8919 – 2.8997
<b>Region:</b>				
South West (RC)				
North Central	0.4784	0.4219 – 0.5424	1.2519	1.0690 – 1.2571
North East	0.1913	0.1702 – 0.2149	0.4496	0.3854 – 1.4660
North West	5.9604	4.4229 – 8.0324	2.6385	1.8978 – 0.5245
South East	0.6504	0.5606 – 0.7544	0.2646	0.2180 – 3.6682
South South	3.4910	2.8484 – 4.2787	1.5376	1.2146 – 0.3210
<b>Place of residence:</b>				
Urban (RC)				
Rural	0.1419	0.1283 – 0.1569	0.5698	0.4994 – 0.6500
<b>Religion:</b>				
Catholic (RC)				
Other Christian	0.8453	0.705 – 1.0128	1.2012	0.9655– 1.4942
Muslim	0.2138	0.1806 – 0.2531	1.3768	1.0933 – 1.7338
Others	0.1465	0.1021 – 0.2103	0.5613	0.3596 – 0.8759
<b>Wealth Status:</b>				
Poor (RC)				
Middle	4.0573	3.6805 – 4.4726	2.1132	1.8739 – 2.3830

Rich	14.5647	13.0364 – 16.2722	3.4226	2.9052– 4.0322
<b>Partner's Occupation:</b>				
White collar job (RC)				
Brown collar job	0.5497	0.3738 – 0.8083	0.6693	0.4014 – 1.1158
<b>Pattern's Age:</b>				
15 – 24 (RC)				
25 – 34	1.0785	0.8643 – 1.3457	0.8349	0.6397 – 1.0897
35– 44	1.1377	0.9136 – 1.4169	0.8609	0.6601 – 1.1227
45+	0.8070	0.6470 – 1.0066	0.8301	0.6347 – 1.0856
<b>Employment Status:</b>				
No Employment (RC)				
Yes Employment	1.8358	1.7088– 1.9723	1.4675	1.3372 – 1.6065

### ***Conclusion***

The study suggests that a male partner's presence in the household may be associated with a woman's use of antenatal services and is a good predictor of maternal health care. Women should be counseled against non-booking of antenatal with the aim to minimize possibility of complication during child birth.

## **Selected References**

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