Increasing Utilization of Health Services in a Restrictive Society

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Who we are

Maternal Newborn and Child Health Program (MNCH2)

- DFID funded
- 5-year project
- Six states in northern Nigeria
- Supply, demand, and operations research outputs

Northern Nigeria

- 13 states in North-east and North-west zones
- Population 55 million (2006) and growing
- Majority Hausa/Fulani
- Majority Muslim
- Very poor maternal child health indicators:
  - TFR in North-west region 6.7
  - 3% of married women of reproductive age in North-east region use contraception
  - Majority of births at home, often unattended

Session objectives

1) Describe aspects of northern-Nigeria culture that inhibit uptake of health services
2) Brainstorm ideas for increasing demand for health services in northern Nigeria
3) Describe MNCH2 demand-creation programs

Aspects of northern-Nigeria culture

Cultural milieu

- Islam as a way of life
- Women uneducated, not empowered
- Men make decisions at home and in the community
- Women don’t do anything, go anywhere, talk to anyone without husband’s permission

Demand for family planning

Couples want to have many children:

- Increase the number of followers of Islam
- Improve chances of social/financial security
- Wives compete (increase inheritance)
- Only wives to prevent another marriage
- Continue lineage
- Improve prestige
- Preference for male children

Demand for family planning

Opposition to family planning:

- Perceived societal opposition
- Men only agree if woman's life is in danger
- Some covert use
- Poor spousal communication

Demand for antenatal care and Health facility delivery

- Pregnancy is normal part of married life
- Cultural preference for home delivery
- Belief that health is beyond human control
- Husband's permission

Demand for immunization

- Child health is in God's hands
- Immunisation interferes with God's plans
- Child is not sick
- Husband's permission

Who influences women's health decisions?

- Men
- Religious and traditional leaders
- Older women
- Who else?

Interventions using influencers

- Men (education, fertility awareness methods)
  - Male motivators
  - Father's clubs
  - Male groups
  - Fertility awareness
- Sensitization of religious and traditional leaders
- Traditional birth attendants

So, what do you think can be done to increase demand for and uptake of health services, for better health outcomes?

MNCH2 strategies

Increasing utilization of services

Emergency transport schemes

- Collaboration with National Union of Road Transport Workers
- Training drivers at community level to serve as volunteers
- Peer training of additional drivers
- Community awareness about the schemes
- Link with other community groups

Increasing utilization of services

Safe space initiative

- Health workers meet with married adolescent girls in small groups
- Discuss health information and barriers to access
- Run by health workers
- Community volunteers facilitate access of adolescent girls to health services (husband permission)

Increasing utilization of services

Women's empowerment groups

- Promote access to health services using songs and drama

- Group discussions around
  - maternal, newborn and child health and family planning
  - social factors that lead to poor health outcomes
  - barriers to access to health care

Increasing utilization of services

Men's groups

- Discuss women's and children's health issues and barriers to access
- Promote blanket permission
- Promote use of emergency transport schemes
- Groups of:
  - religious leaders (sermons)
  - traditional and community leaders (role models)
  - other married men (peer educators)

Increasing utilization of services

Traditional birth attendants

- trusted in the communities
- trained on basic maternal and child health
- talk to women about their health
- link women with health facilities
- Promote use of emergency transport schemes

Thanks