



**PATHS2**

A study on key MNCH  
issues in Lagos State

(Antenatal care, danger signs of pregnancy and delivery at health facility)

*November, 2011*



“We have confidence in the health facility but the bad attitude of health workers and long waiting time drove some of us to TBAs...I once delivered at the TBA place and the child died” – *Participant, women with child/ren under five FGD, Ibeju-Lekki*

“The reason is that the many women are impatient... The delivery bed is shaky, we operate with no electricity. We use the well because the borehole is not working...lizards and other things go into it. We have just one scale and we share it between the reception and the labour room. The slab across the gutter at the gate is broken, in the event of an emergency, you can't drive into the facility” – *Health Worker IDI, Ibeju-Lekki, Lagos*

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## List of acronyms

TBA	<i>Traditional birth attendant</i>
FGD	<i>Focus group discussion</i>
IDI	<i>In-depth interview</i>
ANC	<i>Antenatal care</i>
MNCH	<i>Maternal New-born and Child Health</i>
PATHS2	<i>Partnership for Transforming Health Systems, Phase II</i>
KAP	<i>Knowledge, attitude and practice</i>
PHC	<i>Primary health centre</i>
OIC	<i>Officer-in-Charge</i>
FANC	<i>Focused Antenatal Care</i>

## Executive summary

Pregnancy is one of the most important periods in the life of a woman. PATHS2 is working with government and other partners to ensure that women and newborns survive pregnancy and childbirth. In addition to existing information, PATHS2 public health communications' team/Output 5 investigated the knowledge, attitude and practice (KAP) of target groups in Lagos State towards three core MNCH issues which included ANC, danger signs of pregnancy and delivery at the health facility.

Within the study an auxiliary assessment was conducted to examine the viability of using community events as a platform for increasing awareness about MNCH as well as for breaking down socio-cultural barriers inhibiting healthy MNCH practices.

The qualitative study was conducted utilising focus group discussions (FGDs) and in-depth interviews. Two communities in PATHS2 intervention clusters were selected for the study. They were Oworo and Ibeju-Lekki communities which are urban and rural communities respectively. Categories of respondents included women of reproductive age with child/ren under five, men/husbands with children under five, senior women 50+/mother-in-laws, Officer-in-Charge (OICs) of PHCs, religious and traditional leaders.

The findings showed that ANC practice is widely acceptable in Lagos State but significant number of pregnant women does not attend ANC with skilled health service provider due to several reasons. Some of the mentioned reasons included tradition and convenience, attitude of health workers, poor facilities at PHCs, lack of "skilled" health service providers, long waiting time etc. an overwhelming majority of respondents were not aware about when to start ANC and its frequency. Knowledge of danger signs in pregnancy remains unsatisfactory as majority of respondents could not recall up to four danger signs of pregnancy. Most respondents said that a pregnant woman should be rushed immediately to a hospital or TBA for treatment.

The TBAs apparently have a considerable amount of patronage from community members both in the rural and urban communities. For example, a common practice as observed by the health service providers especially in the rural areas is that pregnant women attend ANC at the health facility but go to the TBAs for delivery. This practice was attributed largely to fear of being cutting-up (Episiotomy), affordability, PHCs not working 24 hours, constant referrals to general hospitals and lack of satisfaction with MNCH services provided in PHCs among others. *"Most of us don't deliver at the public health facility because of the attitudes of the health workers and their negligence; there is also a problem of too much referrals to the general hospital"* –FGD, Women of reproductive age with Child/ren.

The idea of community outreach activities was welcomed with expectations. Community members promised support and saw it as a potent way of passing information about MNCH and if possible for repairing damaged relationship between the health workers and the community. Interestingly, community members both in urban and rural areas still have confidence in public health facilities. They acknowledged the availability of specialists in secondary and tertiary facilities.

It is expected that the findings of this study would contribute to the design and implementation of desired behaviour change interventions among target groups in Lagos state using a combination of media and community events.

## Section 1 | Introduction

### 1.1 Purpose of the study:

In response to the PATSH2 Service Delivery strategy, 2010, Output 5 (Informed citizens) – a demand side Output of the programme is focused on increasing demand for services in PATHS2 intervention clusters in supported states by facilitating community participation in health through community outreach activities. The primary aim the community forums will be to increase knowledge around key MNCH issues which include; danger signs of pregnancy, focused ANC and delivery at the health facility. It is expected that the events will also serve as a mechanism for increasing the capacity of health promoters in improving community level awareness on key MNCH issues.

Public Health Communication is a research based field. A contextual formative audience study therefore cannot be glossed over in the design and rollout of community events. Formative studies can be used to make intervention programs both culturally and geographically appropriate while involving major stakeholders. The purpose of the study was to assist the Informed Citizens' team in assessing, identifying, and prioritizing MNCH issues based on the audience's understanding in PATHS2 clusters.

### 1.2 Objectives of the study:

1. To understand of stakeholders' knowledge, and attitudes and practice towards three key MNCH issues (danger signs of pregnancy, ANC attendance, delivery at health facility)
2. Identify the interest, motivators, barriers and characteristics of different stakeholders' like pregnant women, husbands, mother-in-laws, health workers, gatekeepers etc
3. Explore audience understanding of community outreach activities
4. Elicit reactions of community members on the idea of a community outreach as a platform for improving knowledge about MNCH
5. Use findings appropriately to improve the design and conduct community outreach

### 1.3 Methodology and rationale for study:

The methodology for the assessment was a qualitative survey utilizing a combination of focus group discussions (FGDs) and in-depth Interviews (IDIs). Qualitative discussions will allow target groups to express their ideas and give advice in their own words on what matters to them and why. Stakeholders will have an opportunity to express their diverse beliefs, needs and expectations as well as motivations for such views or standpoints.

The study was conducted in two Local Government Areas (LGAs). Five different categories of respondents involved in the survey included (1) women of reproductive age with child/ren under 5 (2) men/husbands with child/ren under 5 (3) senior women 50+/mother-in-laws (4) health workers in PHCs and (5) other stakeholders like the traditional and religious leaders and LGA officials.

## Section 2 | Major findings

### 2.1 Knowledge, attitude and practice towards key MNCH issues:

#### 2.1.1 Antenatal care

1. The respondents generally have a good understanding about ANC and its importance as it pertains to the health of the mother and child. They agreed that it is important for a pregnant woman to attend ANC. They demonstrated these with correct responses on the benefits that can be derived from ANC. These included the safety of mother and child and early detection of problems that may affect the health or life of the mother and child.
2. Across rural and urban communities, respondents said there are no identified cultural or religious barriers to ANC. It was seen as a standard practice expected of a pregnant woman in Lagos. “Religion and tradition have nothing to do with ANC”, says a religious leader, “it can only differ in practice between orthodox and traditional”.
3. **ANC from a skilled health worker is not a general practice amongst pregnant women in Lagos.** Many of the respondents from rural and urban communities claimed to go to TBAs for ANC. A common practice mentioned is a combination of ANC from skilled health workers and TBAs.
4. Several reasons were mentioned for some pregnant women’s preference of TBAs and they included;
  - I. Strong believe that TBAs have herbs and supernatural powers that would make delivery of any pregnant woman easy
  - II. Unfavorable attitude of health workers towards pregnant women in contrast to TBAs that treat them with respect
  - III. Long waiting time at health facilities
  - IV. Unaffordable ANC services in public health facilities (where ANC services are not free) and private hospitals
  - V. Unskilled birth attendants that cannot detect problems in PHC facilities
5. When asked the question about when a pregnant woman should start ANC, many of the women – particularly the senior women boldly responded that ANC visit should start on the fourth month. The men generally could not tell when to start or end ANC visits. In the same vein, there was low level of awareness on the frequency or how many/much ANC visits are required of a pregnant woman across target groups. “ANC should start immediately she discovers she is pregnant. She should start with monthly and be more frequent as the pregnancy progresses” – Participant, women with child/ren under five FGD, Oworo.

#### 2.1.2 Danger signs of pregnancy and appropriate response

1. The men in both rural and urban communities demonstrated low level of knowledge on danger signs of pregnancy. The older women could without hesitation mention an average of three familiar danger signs. A significant finding of the study was that none of the sessions could produce a comprehensive list of the danger signs of pregnancy or at least four. The following statement was a typical response from male FGD sessions. “Some women in pregnancy may

have eczema all over their body, some will be sleeping. The most dangerous one has to do with worms because the worms can destroy pregnancy, no matter how many months the pregnancy is, the worm can destroy it within a twinkle of an eye". Men/husbands with child/ren under five, Ibeju-Lekki.

2. Some of the danger signs has mentioned by the respondents included; bleeding, premature labour, pale and yellow eyes, swollen feet and face, fever, typhoid fever, headache, dizziness, weight loss and high blood pressure.
3. In addition to the unawareness level of the male target group about danger signs of pregnancy. The men apparently don't see knowledge of danger signs as what should naturally be expected of them.
4. The response to danger signs according to majority of the respondents is to rush the pregnant woman to a health facility or a TBA. They acknowledged that a timely response could save the life of the pregnant woman and the baby. For example, a female participant in Ibeju-Lekki says "the nurse and the TBAs in this community work together, so when a TBA notices any danger sign in a pregnant woman, they refer such a woman to the health facility".

### **2.1.3 Delivery at health facility**

1. A significant proportion of pregnant women still deliver at TBAs' place in both urban and rural communities. The reasons given for this attitude were closely related to the same reasons why they do not attend ANC mentioned earlier. In addition to issues like attitude of health workers, unskilled birth attendant, poor facility, long wait etc, others included;
  - I. The fear of 'knife' (Episiotomy) which they claim is a common thing in hospitals. "TBAs don't make cuts during deliveries"
  - II. Disapproval of scanning for spiritual reasons. "Doing scanning is like trying to check the work of God"
  - III. Lack of satisfaction with services in health facilities
  - IV. The issue of affordability cannot be glossed over. According to respondents who are nursing mothers in Oworo/urban claimed they still pay for MNCH services. But why pay when MNCH services are supposed to be free? "The government says it's free" they chorused "but we still pay for services and drugs at government hospitals"- senior women FGD, Oworo. No respondents in Ibeju-Lekki/rural made such claims. They made complaints about the poor services and attitude but reported free MNCH services
  - V. Experience of delivering with TBAs by some women has been fine so far and this may not allow them to see reasons for a change. "I delivered all my babies with the TBAs (different ones), and recently the one I am carrying. I have always been having safe deliveries
  - VI. Constant referrals to the general hospitals since the PHCs do not have required facilities
  - VII. PHCs not providing 24 hours service, while TBAs provide round the clock services
  - VIII. Reported negligence by so called skilled birth attendants in PHCs

2. Many however think the era of TBA-delivery is passing away. A religious leader says “I think it’s becoming things of the past now. Because the world is getting civilized, everyone wants to go to the health centre for safe delivery”.
3. Some people attributed the attitude of not using health facilities to knowledge barrier. According to the respondent, “it is ignorance that will make a woman use a TBA. The government is doing fine. This is a situation whereby you don’t pay N1 to get treatment – so why will you say it is due to economic situation”.
4. As reported by the health workers in the rural community, a common practice among pregnant women is to attend ANC at the health facility but to go to the TBA to deliver
5. A common alternative for those who can afford it is the private hospital. They reported better treatment and environment. “Oftentimes, they use torch light during delivery in government hospitals while generators are used in private hospitals” women with child/ren under 5 FGD, Oworo

## 2.2 Community outreach

1. Community forums/meetings in two communities were limited to discussions about security, infrastructure, solving immediate community problems e.g flood. These are often a “Landlords’ only” meeting. Meanwhile, health related community outreach activities have been held in the two communities before. In Ibeju-Lekki, the respondents could recall a meeting with the Local Government Development Council (LCDA) Chairman in two months ago on how to improve infrastructure in the health facility. Other health related community events mentioned included one held at the King’s palace on immunization and distribution of mosquito nets. In Oworo, respondents recalled a breast feeding campaign as well as distribution of mosquito nets as recent community events.
2. All the target groups agreed that community outreach activities will be useful for passing information on MNCH issues. The preferred approaches for community outreach mentioned included;
  - I. Lectures that are interactive and with opportunities to ask questions and get answers
  - II. Drama/play and
  - III. Film show
3. The different groups provided suggestions on what they think will make the outreach activities successful;
  - I. “Don’t waste our time”. Many called for only a well-organized event that will be productive
  - II. The event should be announced several days ahead using the town crier and radio. Some respondents in Ibeju-Lekki stated that the ANC day at the clinic can be used to get information about the outreach to women. A religious leader mentioned that, the religious service can serve as a vehicle for conveying information to community members
  - III. Provision of incentives like gifts will motivate participation of community members

- IV. “Do not hold outreach activities on Mondays and Fridays”, says some respondents. On Mondays because it is seen as “Ojo aje” – a day that should be exclusively devoted to business/trading while the Muslim faithful are not likely to participate on Fridays due to worship. Weekdays will be okay for engaging the women but the men tend to prefer weekends. Several female respondents claimed their weekends are often expended on socialization like parties
  - V. “Important personalities” according to some of the respondents will guarantee a large turnout of people. “We’ll prefer to see health workers and an influential person like Chief Okoja” says a participant in the Senior women’s group in Ibeju-Lekki, “once the community members see him at such gathering, then they will gather to hear what he has to say”.
4. There were positive expectations for community outreach programmes. All respondents said they will be pleased participate while some will be willing to provide additional support towards making such events successful. “If you are ready, we are ready to receive you”, says the traditional leader of Ibeju-Lekki. A health worker mentioned that the community outreach activities may contribute to rebuilding trust between government and the community members.

## Section 3 | Conclusion

1. A significant proportion of pregnant women still do not attend ANC with skilled health workers. A desired behavior change communication should be going for ANC with a skilled health worker with emphasis on the benefits.
2. There was a big awareness gap about when to start ANC and its frequency especially amongst men/husbands. This knowledge gap can be addressed with consistent messages using the ANC clinic days, community outreach activities as well as the media. Focused ANC should be promoted. However, a recent study on the acceptance and practice of Focused Antenatal care by health care providers in the south-West zone of Nigeria showed that 80% of health care providers were not aware of Focused Antenatal [1]. This should be considered while developing messages on Focused ANC.
3. The findings indicated that target groups were not familiar with most of the danger signs and appropriate response. A desired behavior change campaign that addresses not just only the pregnant woman should be considered to include men and husbands because they have an important role to play especially in respect of assisting the pregnant woman to the hospital.
4. There were remarkably several barriers to the practice of attending ANC and delivery at the health facilities which needed to be addressed urgently. Most PHCs needed to be upgraded urgently to attend to rising challenge of quality health service delivery.
5. The findings showed that the proposed community events may achieve its objectives if adequate planning is put in place involving key stakeholders like the traditional rulers and other important personalities in the communities. Community members will be willing to provide vital support towards making the community events successful.

## Annexes

### ANNEX 1: FGD discussion guide



FGD DISCUSSION  
GUIDE, FORMATIVE F

### ANNEX 2: IDI interview guide



INTERVIEW GUIDE,  
FORMATIVE RESEAR

### ANNEX 3: Field pictures



FDG Pictures.zip

## References

[1] Ademola M. Amosu et al, Scholars Research Library: *A study on the acceptance and practice of focused antenatal care by health providers in the South-West zone of Nigeria*. Archives of Applied Science Research, (2011). Available online at [www.scholarsresearchlibrary.com](http://www.scholarsresearchlibrary.com)

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