

Correlates of Antenatal Care Usage and Timing among Adolescent Mothers in Nigeria

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Adolescent pregnancy is a common occurrence in Nigeria, with an adolescent fertility rate of 122 births per women aged 15-19 (NPC & ICF International, 2014). Pregnant adolescents are susceptible to anaemia, pregnancy complications, obstructed labour due to an incompletely developed pelvis, and other pregnancy-related morbidity and mortality (Banerjee et al., 2009; Bearinger, Sieving, Ferguson, & Sharma, 2007; Conde-Agudelo, Belizan, & Lammers, 2005; Ibrahim & Owoeye, 2012; Ogu, Agholor, & Okonofua, 2016; Onoh et al., 2014; Wall, 1998). Pregnancy-related mortality is the major cause of death among girls aged 15-19 globally (World Health Organization, 2017). In Nigeria, 30.5% of deaths among girls aged 15-19 are from maternal causes (NPC & ICF International, 2014). Adolescent mothers are also more likely to have low birth-weight, preterm and stillborn babies (Ibrahim & Owoeye, 2012; Olusanya & Ebuehi, 2012; Onoh et al., 2014).

However, adolescent mothers have the least utilisation rates of antenatal care services in Nigeria despite their increased need for healthcare to ensure positive pregnancy outcomes (Babalola & Fatusi, 2009; Dairo & Owoyokun, 2010; Idowu, Olowookere, Abiola, Adebowale, & Adegbenro, 2017; Izugbara, Wekesah, & Adedini, 2016; Ovikuomagbe, 2017). There has been very little literature on adolescent maternal healthcare utilisation in Nigeria, and it thus becomes necessary to examine the factors which contribute to low antenatal care utilisation among this group of mothers. Therefore, this study examined selected correlates of the timing and number of ANC visits among adolescent mothers across Nigeria. It examined the influence of age, age at first birth, education, wealth status, religion, ethnicity, marital status, marriage type and wife rank, sex of household head, involvement in healthcare decision making, partner age difference, pregnancy

intention, place and region of residence on antenatal care use and timing of first ANC visit among adolescent mothers aged 15-19.

Research Objectives

1. To examine the patterns of antenatal care usage and timing of first visit among adolescent mothers in Nigeria.
2. To identify the factors which influence adolescent mothers' usage of antenatal care as well as timing of first antenatal care in Nigeria.

Methods

The study used a pooled dataset derived from combining the women's recode dataset from Demographic and Health Surveys conducted in Nigeria between 2003 and 2013, with a sample size of 3,208 adolescent mothers. Data analysis was conducted at the univariate and bivariate levels to examine the factors influencing the timing of the first antenatal care visit as well as the total number of antenatal visits among pregnant adolescents and new mothers aged 15-19. At the univariate level, simple frequencies and percentages were computed to get a picture of the characteristics of the study population, while at the bivariate level, chi square tests of association were carried out. At the multivariate level, binary and multinomial logistic regression were carried out to examine the correlates of adolescent antenatal care usage.

The dependent variables were the number of antenatal care visits and the timing of the first ANC visit, whether none/relative/friend or other; traditional and skilled birth attendants, while the independent variables were age, age at first birth, education, wealth status, religion, ethnicity, marital status, sex of household head, involvement in healthcare decision-making, partner age difference, getting permission to go to health facility, getting money for treatment, distance to health facility, pregnancy intention, place and region of residence.

Results

The study discovered that half of adolescent mothers did not use antenatal care at all, 14.7% of them had incomplete usage, and only 34.8% had complete usage of 4 or more visits. Also, 55.0%

of them booked late while 45.0% booked early for antenatal care. Multivariate findings revealed that adolescent mothers who were involved in decision making concerning their healthcare were more likely to use complete antenatal care compared to those who did not (aOR=2.73, p<0.05). They were also more likely to book early for antenatal care (aOR=3.49, p<0.05). Also, mothers who had primary and higher education had higher likelihood of at least some antenatal care usage (aOR=6.92; 12.32; p<0.01; p<0.05) while mothers with secondary and higher education had a higher likelihood of booking for antenatal care early (aOR=10.21, p<0.05). Additionally, mothers who gave birth at 16 and above had likelihood of complete ANC usage than those who gave at below age 16 (aOR=2.69, p<0.05). Mothers from rich backgrounds were also more likely to have complete antenatal care usage compared to poor mothers (aOR=8.57, p<0.05).

Conclusion

These findings suggest that girls who are older, have more education, a higher wealth status and participate in their healthcare decision making are better able to access antenatal care. This in other words means that girls who are younger and from lower socioeconomic classes with lower decision-making power had reduced access antenatal care. Therefore, health policy makers as well as programme designers in governmental and non-governmental agencies need to ensure that these less empowered adolescent mothers from lower socioeconomic strata are specially targeted and empowered to be able to access antenatal care for their health and that of their unborn children.

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