Socio-Economic and Cultural Determinants of Use of Modern Healthcare Facilities for Delivery by Mothers in Nigeria

By

Fasina, Fagbeminiyi Faniyi
(Matric. No.:CUGP060181)

Department of Economics and Development Studies,
College of Business and Social Sciences,
Covenant University, Ota, Ogun State, Nigeria

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Supervisor: **Prof. Gbolahan Oni**

Co-supervisor: **Dr. Bamiwuye Samson.**

CERTIFICATION

It is hereby certified that this Ph.D Thesis is an original work written by Mr. FASINA, FAGBEMINIYI FANIYI, supervised and submitted to the Department of Economics and Development Studies, College of Business and Social Sciences, Covenant University, Ota, Ogun State.

Prof. Gbolahan Oni ----------
(Supervisor) Signature and Date
Department of Economics and Development Studies,
Covenant University,Canaan-Land, Ota.

Dr. Bamiwuye Samson ----------
(Co-supervisor) Signature and Date
Department of Demography and Social Statistics,
Obafemi Awolowo University, Ile-Ife, Osun State

Dr. Henry Okodua ----------
Head, Department of Economics and Development Signature and Date
Studies, Covenant University, Canaan-Land, Ota.

Prof. Shalom Chinedu ----------
Dean, School of Postgraduate Studies Signature and Date
Covenant University, Canaan-Land, Ota.

Prof. Afolabi Bamgboye ----------
(External Examiner) Signature and Date
Department of Epidemiology and Medical Statistics,
University of Ibadan

DEDICATION

This thesis is dedicated to the Almighty God for the successful completion of this Ph.D programme and to the memory of my Father, Mr F. Fasina and my mother, Mrs R. Fasina.

It is also dedicated to my loved ones.

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LIST OF ACRONYMS

ANC:	Antenatal Care
ICD-10:	International Statistical Classification of Diseases and Related Health Problems, 10th Edition
ICD-MM:	Application of ICD-10 to Deaths during Pregnancy, Childbirth and the Puerperium: ICD Maternal Mortality
HF:	Health Facility
HIV:	Human Immunodeficiency Virus
NDHS:	Nigerian Demographic and Health Survey
MDG:	Millennium Development Goals
MHCS:	Maternal Healthcare Services
PNC:	Postnatal Care
PoD:	Place of Delivery
SBA:	Skilled Birth Attendant
STI:	Sexually Transmitted Infections
UNDP:	United Nations Development Programme
UNFPA:	United Nations Fund for Population Activities
UNICEF:	United Nations Children Endowment Fund
USAID:	United States Agency for International Development
WHO:	World Health Organization
WRA:	Women of Reproductive Age
HCF:	HealthCare Facility

ABSTRACT

This study examined the socio-economic and cultural determinants of use of modern healthcare facilities for delivery by mothers in Nigeria. The objectives of the study are to identify the socio-economic, demographic and cultural factors (referred to as background factors or variables), that are influencing mothers to deliver in modern healthcare facilities, and to identify those more direct factors (called proximate determinants) through which the background factors are operating to influence mothers' delivery in modern healthcare facilities. The study used quantitative data from the 2008 Nigeria Demographic and Health Surveys (NDHS). Data on 17,635 women aged 15-49 years who had a live birth within the five years preceding the survey were extracted from the 33,385 women sampled in the survey. Using STATA 12 computer software**,** data analyses were done and presented in three stages, that is, Univariate, Bivariate and Multivariate analyses. In the study, 36.6% of all the deliveries took place in modern healthcare facilities while the remaining 63.4% deliveries took place outside of healthcare facilities. Data analysis at the bivariate level showed that all the selected background variables were significantly related to healthcare facility delivery. The variables are current age, marital status, children ever born, educational attainment, occupation, wealth index, rural/urban residence, region, ethnic group and religion. At the multivariate level, some of the background variables (i.e., mothers' education, children ever born, region, marital status, and wealth status of the woman) still maintained significant relationship with the outcome variable (i.e., delivery in healthcare facilities)**.** Increase in mother's level of education and wealth status corresponds to increased use of modern healthcare facilities for delivery. Also, there is significant variation in the use of modern healthcare facilities for delivery among mothers in different geopolitical zones of the country. More mothers in the Southern zones were delivering their babies in healthcare facilities than the mothers in the Northern zones. Five proximate determinants were proposed to be examined in the study but only two could be fully used due to limited data on the other three. The two used were antenatal clinic attendance and decision-making autonomy of the woman. The other three that could not be fully utilized were cost of service, accessibility to service and trust of healthcare system. The two proximate determinants used significantly helped to explain the indirect effects of the background variables on modern healthcare facility delivery. Mothers who had adequate antenatal clinic attendance delivered their babies in healthcare facilities more than those mothers who did not attend or whose attendance were inadequate. Also, mothers who had autonomy in decision-making on their use of healthcare services delivered in healthcare facilities more than those mothers who did not have such autonomy. We therefore conclude that antenatal clinic attendance and women's decision-making autonomy are important proximate factors through which the socioeconomic, demographic and cultural factors influence mothers to deliver their babies in modern healthcare facilities. Hence, policies that are targeted to ensure adequate antenatal clinic attendance by pregnant women and those that also encourage women's autonomy in decision-making on their healthcare services utilization would go a long way in increasing the level of utilization of healthcare facilities for delivery in Nigeria.

KEYWORDS: Socio-economic, Demographic and Cultural Factors, Proximate Determinants, Healthcare Facility Delivery, Nigeria