Despite the steady decline in maternal mortality in Nigeria since 1990, the number of women who die or are permanently disabled from these preventable health conditions remains unacceptable (see Figure 1).\(^1\) An important strategy for reducing the rate of maternal deaths is improving access and use of reproductive health services such as family planning, antenatal care, delivery care, and postnatal care. These health services contribute to the reduction in maternal deaths through the early detection and treatment of life-threatening health conditions such as maternal bleeding or hypertension. In Nigeria, reproductive health services are available in many health facilities, though the quality of these services has not been established. However, many women are not using these services and are, therefore, not gaining the desired benefits.\(^2\) A recent study on the knowledge and use of reproductive health services among young women in urban Nigeria revealed perceived negative attitudes of health providers as a major barrier to use of reproductive health services.\(^3\) The study suggests provider education on appropriate interaction with clients is essential in improving use of health services especially among young women.

### Women in Low-Income Urban Neighborhoods Use Low Level of Services

Factors such as the woman’s age, education, residence, wealth, cultural/religious beliefs, and her knowledge about the availability of health services have been linked to her likelihood of using available reproductive health services. Younger, poorer, and less-educated women are less likely to use reproductive health services compared to their older, richer, and more-educated counterparts.\(^4\) In addition, the rate of reproductive

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**Figure 1**

**Maternal Deaths Have Declined in Nigeria.**

Number of maternal deaths per 100,000 live births

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Maternal Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>1,200</td>
</tr>
<tr>
<td>1995</td>
<td>1,100</td>
</tr>
<tr>
<td>2000</td>
<td>950</td>
</tr>
<tr>
<td>2005</td>
<td>740</td>
</tr>
<tr>
<td>2010</td>
<td>610</td>
</tr>
<tr>
<td>2013</td>
<td>560</td>
</tr>
</tbody>
</table>


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health services use is higher in urban areas compared to rural areas in Nigeria (see Figure 2). However, studies indicate that women who live in urban slums or poor neighborhoods have lower rates of reproductive health service use than those who live in rural areas.\(^5\)

### Long Waits and Negative Provider Attitudes Are Major Barriers

To determine the specific barriers to the use of reproductive health services facing young women living in poor urban areas, in-depth interviews were conducted in 2013 with 30 Nigerian women ages 18 to 24 living in two urban poor communities, Karu and Nyanya, in Abuja. The results suggest that the availability of reproductive health services at nearby health facilities does not guarantee the services will be used. Specifically, the key findings include:

- Knowledge about the availability of reproductive health services in the two communities is high. Most of the women spontaneously mentioned all the reproductive health services available in both public and private health facilities in their communities.

- Young women living in these urban poor communities desire to use reproductive health services but are deterred by long waits and negative provider attitudes prevalent at the public hospitals. The long waiting times are a result of a shortage in the health care workforce, while the high levels of negative provider attitudes are attributable to high workloads together with cultural and religious biases.

- Distance to a health facility and cost of health services were not barriers to the use of reproductive health services among this population as other earlier studies indicated. These women acknowledged that the health services in the public hospitals are affordable, as they have been subsidized by the government.

- These young women preferred to receive their reproductive health services from the local patent medicine stores or from their neighbors who are health providers, despite their understanding that these providers may not have the necessary skills and/or qualifications. A few of them preferred to receive their services from private clinics, which are usually farther away and/or provide health services at a higher cost.

- The women acknowledged that they would obtain their health services from the nearby public hospitals if the waiting hours were reduced and the health providers treated them with compassion and respect.

### Provider Training Key to Improving Service Use

To keep progressing toward preventing unnecessary maternal deaths in Nigeria, efforts need to focus on eliminating the barriers women face in using available reproductive health services. Minimizing the long waiting hours and negative provider attitudes may contribute to considerable increases in the use of reproductive health services among young women in urban poor communities in Nigeria. To do this, the Medical and Dental Council of Nigeria (MDCN), the body responsible for regulating doctors and ensuring good medical practice, together with the Federal Ministry of Health Nigeria, should focus on:

- **In-service provider training:** Ensuring that health providers are continuously trained on how to engage in good quality patient-provider interaction may result in more women using reproductive health services at the public health facilities. Although appropriate client-provider interaction is usually included in the medical/nursing school curricula, there is a need to ensure that this training is available as in-service continuing medical education to continually remind health providers of the essence and benefit of good medical practice.
• **Strengthen the health workforce:** An adequate density of health providers (that is, the number of health providers in relation to the population they serve) is fundamental to equitable provision of health services. A shortage of health workers results in increased workloads for existing providers, and may be contributing to the long wait times and the high levels of negative provider attitudes reported by the women interviewed. Hence, the health workforce can be improved by incentivizing the current workforce with improved working conditions (such as an adequate working environment and fair remuneration). In addition, the health workforce can be expanded by providing more medical and nursing schools and other training opportunities to increase the size of the future workforce.

### References


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