

# Factors related to changes in health facility attendance among pregnant women during the COVID-19 pandemic in three local government areas of Nigeria

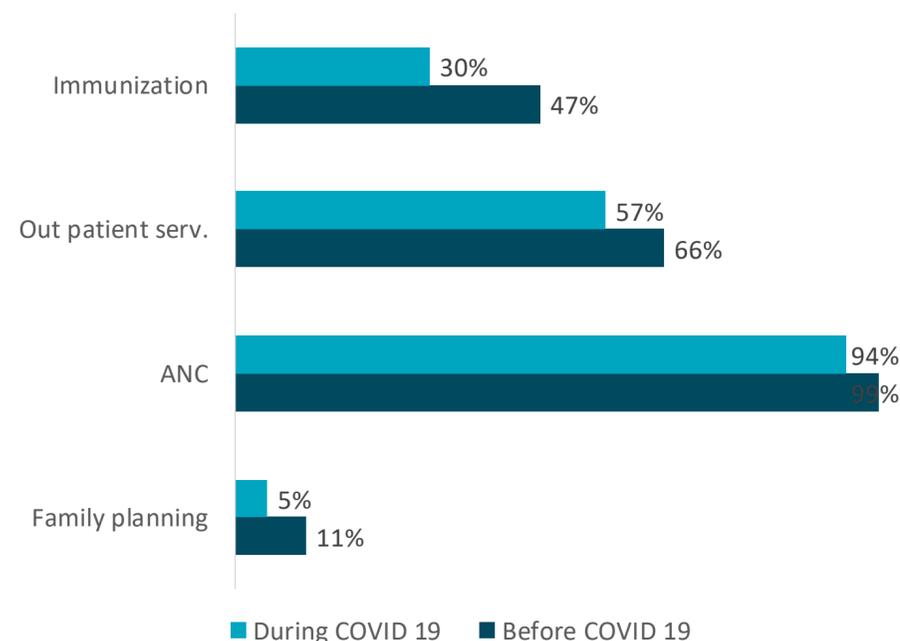
By: Oniyire Adetiloye<sup>1</sup> Bright Orji<sup>1</sup> Elizabeth Oliveras<sup>1</sup> Emmanuel Ugwa<sup>2</sup> Aishatu Bintu Gubio<sup>3</sup> Edima Akpan<sup>3</sup> Bartholomew Odio<sup>1</sup> Herbert Onuoha<sup>1</sup> Ibrahim Idris<sup>4</sup> Emmanuel 'Dipo Otolorin<sup>1</sup> Elaine Roman<sup>1</sup>

Affiliation:<sup>1</sup> Jhpiego, Nigeria <sup>2</sup> Federal Medical Centre, Jigawa State, <sup>3</sup> Federal Ministry of Health, <sup>4</sup>Ministry of Health, Niger State

## Background

COVID-19 disrupted public health interventions and weakened global and national health systems. We used a mixed-methods approach to explore factors related to changes in health facility attendance during the COVID-19 pandemic in three local government areas (LGAs) in Nigeria: Ohaukwu, Akure South and Bosso. However, the extent to which COVID-19 disrupted health interventions and health systems in specific areas in Nigeria were unexplored.

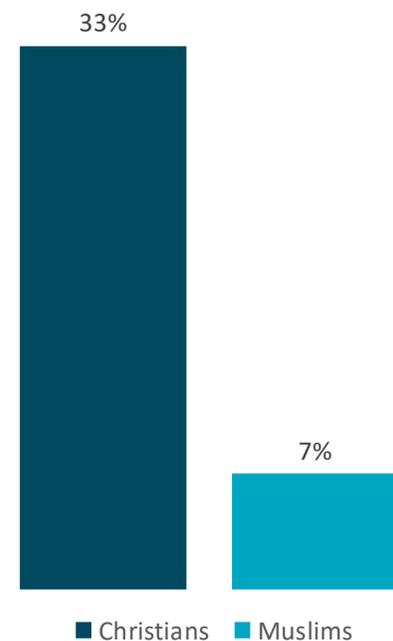
Figure 1: Percentage Reported Changes in HF Visit



## Methodology

Three hundred and fifteen pregnant women seen for antenatal care (ANC) in November 2020 participated in a survey about their attendance before and during the pandemic; 198 women participated in focus group discussions (FGDs). Data were analyzed using SPSS version 22 analytical software. Frequency, percentage distributions and Chi-square test determined the associations at 5% significant level.

Figure 2: Percentage of women reporting reduced/no care seeking



## Results

One quarter of women surveyed reported that they reduced the frequency of their visits or did not visit during the pandemic. The biggest reported changes in visits were for immunization (47% visited before the pandemic versus 30% during the pandemic,  $p < 0.001$ ) and other outpatient services (66% to 57%,  $p = 0.027$ ), with small but statistically significant declines in ANC (99% to 94%,  $p = 0.002$ ) and family planning (11% to 5%,  $p = 0.002$ ) see fig-1. Both LGA and religion were significantly correlated with reduced/no visits during the pandemic; other socio-demographic characteristics were not. Whereas 33% of Christian women reported reduced/no care seeking, only 7% of Muslim women did ( $p < 0.001$ ) Fig.2.. Women in Ohaukwu were most likely to report reduced/no visits (39%), followed by those in Akure South (26%), and Bosso (7%) ( $p = 0.012$ ).

During FGDs transport issues, proximity to health facilities, and fear of contracting COVID-19 or being labeled as COVID positive were the most common reasons mentioned for not seeking care during the pandemic. Differences by LGA are likely related to differences in both levels of transmission and the State level response to the pandemic. Ebonyi state, where Ohaukwu is located, had the longest lockdown and most restricted movement; better understanding of differences in the pandemic and state response could inform future actions. The FGDs findings highlight the need for health systems to consider how to facilitate service utilization during a pandemic, such as providing safe transport or increasing outreach, and to minimize stigma for those seeking care.