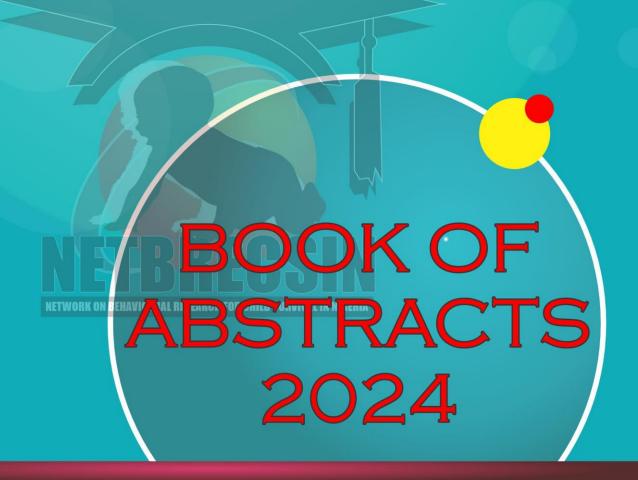


### NETWORK ON BEHAVIOURAL RESEARCH FOR CHILD SURVIVAL IN NIGERIA

(NETBRECSIN)





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# BOOK OF ABSTRACTS 2024

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#### EXECUTIVE SUMMARY

t gives me great pleasure to write the executive summary of the NETBRECSIN 2024 Book of Abstracts. This edition covers the results of postgraduate researches carried out in tertiary institutions in Nigeria, and were presented at the July and December 2024 meetings of NETBRECSIN.

The researches focused on the following thematic areas of child survival and maternal health: Water, Sanitation and Hygiene (WASH), Immunization, Maternal, newborn and child care, Breastfeeding, and Adolescent health.

Water, Sanitation and Hygiene: A study among mothers in Lagos slums revealed poor knowledge and abysmally low utilisation of WASH practices. The need for mothers in slum communities to be regularly educated on WASH, especially through community leaders, was emphasized.

**Immunization:** In Plateau State, majority of mothers in both urban and rural areas had good knowledge of childhood immunization and immunization completeness was high. However, timely completion of childhood immunization was low in both areas.

Maternal, newborn and child care: A study in Ibadan, Oyo State, highlighted substantial gaps in maternal health knowledge and service utilization, especially postnatal care. In Jigawa State, a dispersed distribution pattern and good physical accessibility to Basic Emergency Obstetric and Newborn Care (BEmONC) facilities were found, but only about a tenth of BEmONC needs were met. In Delta State, FGM among women remains a common practice and the intention to sustain the practice was high among older female residents (survivors).

**Breastfeeding:** The study in Gwarzo Local Government Area of Kano State revealed high level of knowledge and a correspondingly commendable practice of exclusive breastfeeding.

Adolescent health: The study in the Federal Capital Territory, Abuja, showed that the minimum national policy requirement for availability of Adolescent Sexual and Reproductive Health (ASRH) services was not met. However, the where ASRH services are available, they are reported to be friendly. In Lagos State, training was found to be effective in improving the knowledge, perception and response towards gender-based violence among out of school adolescents.

The information contained in this book of abstract and the policy briefs that have been developed from all the studies will be very useful to the Federal Ministry of Health and Social Welfare (FMOHSW), development partners and other relevant stakeholders, for programming for improved maternal, newborn, child, and adolescent health in Nigeria.

Prof. Alphonsus R. Isara

Secretary, NETBRECSIN

### WATER, SANITATION AND HYGIENE (WASH) BEHAVIOUR CHANGE MESSAGE UTILISATION AMONG MOTHERS OF UNDER-FIVE CHILDREN IN LAGOS SLUMS

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**Background:** The high under-five children mortality rate in Nigeria is partly linked to the use of unsafe water, sanitation and poor hygiene practices. This situation is worse in slum communities, which are characterized by limited Water, Sanitation and Hygiene (WASH) infrastructures. In some situations where people have access to these infrastructures, gaps in knowledge could hinder utilisation. Therefore, this study assessed the WASH behaviour change message utilisation among mothers of Under-five children in Lagos slums, because despite global improvements in access to WASH, Under-five mortality rates remain disturbing in developing countries, Nigeria inclusive.

Methods: This descriptive cross-sectional study was guided by Health Belief Model, Social Cognitive Theory and Social Ecological Model. Multistage sampling methods were used to select 365 mothers of under-five children in the study locations. Three clusters were formed from the nine identified slums across the State's three Senatorial Districts and each community was selected based on location along the coastal area. Participants' selection was guided by Health Education Officers, who had existing lists of mothers of under-five children. Survey, in-depth interviews and non-participant observer methods were used to collect data for the study. The 365 copies of the questionnaire distributed across the three communities were retrieved, but four had some key questions unanswered, so were not included in the analysis. Thus, this analysis was based on 98.9% of copies of the questionnaire returned. The qualitative data were gathered using the interview guide and 12 community leaders were interviewed (four in each community studied). Data obtained with the questionnaire were analysed with the IBM SPSS Version (26), using descriptive and inferential statistics. The objectives were analysed using path analysis of the structural equation modelling (SEM) and logistic regression models. Data generated were presented in percentages using tables and charts; while data from interviews were presented in narrative analysis.

**Results:** The mothers had good exposure to WASH behaviour messages. They were sensitized through interpersonal communication (72.6%) method; preferred community leaders (62.9%) as source(s) of WASH messages. They had overall poor knowledge, but 90.0% had positive attitudes to the messages; 58.8%, knew children could die from severity of risks associated with unsafe drinking water; 88.2% identified limited access to facilities as barriers to WASH practice. Their WASH practices deviated from their attitudes; only 15.2% used piped water source; 44.3%, stored drinking water appropriately; only 22.4%, washed hands with soap and water at critical times; 61.8%, did not use improved toilets; 36.6%, disposed waste into canal and river. Respondents' age, level of education, marital status, occupation, and religion significantly influenced knowledge and practice of WASH.

**Conclusion**: Mothers in slum communities should further be educated on WASH, facilitated through community leaders. WASH messages should be well researched and theory-supported. WASH facilities provision is important.

Keywords: Hygiene, Lagos Slums, Under-five Children, Water and Sanitation, Nigeria

# RURAL-URBAN COMPARISON OF DETERMINANTS OF TIMELINESS AND COMPLETENESS OF CHILDHOOD IMMUNIZATION AMONG CHILDREN AGED 12 - 23 MONTHS IN JOS SOUTH AND MANGU LOCAL GOVERNMENT AREAS OF PLATEAU STATE

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**Background:** Childhood immunization is a highly cost-effective and efficient mode of reducing childhood morbidity and mortality due to vaccine preventable diseases. This study assessed mother's knowledge on childhood immunization, determine the completeness and timely completeness of childhood immunization, its associated factors, among children aged between 12 – 23 months living in rural and urban communities in Plateau State and the agreement between mother's recall of childhood immunization and immunization data as recorded in their child's immunization card.

**Methods:** This was a comparative, cross-sectional study. Data were collected from 450 mothers of children aged between 12-23 months, using a semi-structured, interviewer administered questionnaire scripted into Kobo Toolbox software. It was analysed using the Statistical Product and Service Solution version 23. Chi square test was used and a p-value < 0.05 was considered statistically significant.

**Results:** Knowledge of immunization was found to be high in both urban and rural communities, with a mean score of  $19.36 \pm (4.802)$  and  $21.73 \pm (5.096)$ , respectively. The majority of respondents 64.9%and 77.8% residing in Jos South and Mangu had good knowledge of immunization. The uptake of childhood immunization was high (>80%) in both urban and rural communities. Timely uptake of vaccines given earlier was high in both areas, but decreased for subsequent vaccines on the immunization schedule. Timely completion of immunization was seen more in urban area (47.2%) compared to the rural areas (32.4%), which was statistically significant ( $\chi^2 = 7.910$ ; p= 0.006). The main child factor responsible for incomplete immunization uptake was the child's ill health at 41.7% and 36.7% in both areas, while the major maternal reason, for delayed immunization was maternal illness (20.2%) and (21.1%) respectively. The mother's level of education and income showed a statistically significant association with completion of immunization in the urban area ( $\chi^2 = 11.392$ ; p = 0.01 and  $\chi^2 = 11.392$ ) 8.877; p = 0.012 respectively). Timely completion of immunization was statistically significantly associated with Mother's age ( $\chi^2 = 8.076$ ; p = 0.044) in Mangu. Having an income of between  $\aleph 10,000$  -<₹18,000 or complication during delivery was associated with about 4.5 times or 0.712 more odds of completing immunization. Agreement in immunization coverage between mother's recall and immunization cards was found to be very low in both study areas.

Conclusion: Majority of mothers in both urban and rural areas had good knowledge of childhood immunization. Immunization completeness was high; however, timely completion of childhood immunization was low in both areas. The most common reasons for untimely immunization in both areas were the child's ill-health, maternal illness and immunization occurs once a week. The agreement between maternal recall and immunization card records was very low. The importance of timely completion of immunization should be emphasized in communities, especially to relevant stakeholders and expectant mothers regularly, to improve it.

**Keywords**: Immunization, 12 – 23 months old children, timeliness, rural-urban, Nigeria

# FACTORS ASSOCIATED WITH THE UTILISATION OF ANTENATAL AND POSTNATAL CARE AMONG MOTHERS OF INFANTS IN IDO LOCAL GOVERNMENT AREA, OYO STATE, NIGERIA

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**Background:** Childbearing often poses serious health risks to women and is frequently associated with complications that may lead to maternal and neonatal morbidity or mortality. To mitigate these risks, antenatal care (ANC) and postnatal care (PNC) services are essential, yet maternal and neonatal mortality rates remain high in Nigeria. Addressing the gaps in ANC and PNC utilization, especially in rural areas, is crucial. This study focused on identifying the factors influencing ANC and PNC utilization among mothers of infants in Ido Local Government Area, Oyo State, Nigeria, aiming to provide insights into the knowledge and attitudes that impact service use.

Methods: This research employed a descriptive, cross-sectional design, surveying mothers of infants within Ido Local Government Area, Oyo State. A multi-stage sampling technique selected 366 respondents from twelve communities, distributed across six randomly chosen wards. Data were collected using a semi-structured, interviewer-administered questionnaire to assess respondents' socio-demographic characteristics, knowledge, attitudes, and factors influencing ANC and PNC utilization. The questionnaire's reliability was verified with a Cronbach Alpha score of 0.74, ensuring the consistency of responses. Data analysis was conducted using SPSS IBM version 25, applying both descriptive statistics and Chi-square tests to identify significant associations between variables, with statistical significance set at p≤0.05.

**Results:** The respondents were predominantly married women, aged 28.4±6.8 years, with most belonging to the Yoruba ethnic group (66.4%) and engaged in petty trading or artisanal occupations. Education levels were predominantly secondary school, (44.8%), while the majority (76.1%) were in monogamous relationships, married for less than ten years, and had stable incomes. Among the respondents, knowledge regarding ANC was generally fair, with 61.5% exhibiting an adequate understanding of recommended practices. However, only 24.9% were aware of the WHO-recommended minimum of four ANC visits, indicating a knowledge gap that likely impacted utilization.

Positive attitudes toward ANC and PNC were widely reported, with 74.3% of respondents supporting ANC and 74.0% endorsing PNC for maternal and newborn health. However, despite these positive attitudes, significant barriers to service utilization were identified. Transportation costs and long distances to health facilities affected ANC and PNC access for 61.7% and 65.3% of respondents, respectively. Spousal support was a critical factor; although 73.7% of women received permission from their husbands to attend ANC sessions, only a few husbands accompanied them. For working mothers, 58.0% managed to participate in the minimum recommended ANC visits, illustrating how occupational demands influence service utilization. Health worker attitudes and the costs of services also significantly impacted PNC use. Chi-square analysis revealed a significant association between knowledge levels and ANC utilization ( $X^2 = 7.610$ ,  $p \le 0.05$ ) as well as PNC utilization ( $X^2 = 7.610$ ,  $p \le 0.05$ ), with better-informed mothers being more likely to adhere to recommended practices.

Conclusion: The findings highlighted substantial gaps in maternal health knowledge and service utilization, particularly for PNC, despite positive attitudes. Key factors affecting utilization included

prior maternal care experiences, spousal support, occupation, and distance to health facilities. Enhancing awareness through targeted community sensitization programs healthcare professionals could improve ANC and PNC uptake, potentially reducing maternal and neonatal health risks.

Keywords: Antenatal care, postnatal care, maternal health, utilization barriers, infant care, Nigeria

# GEOSPATIAL DISTRIBUTION, AVAILABILITY AND UTILIZATION OF BASIC EMERGENCY OBSTETRIC AND NEWBORN CARE SERVICES IN JIGAWA STATE, NIGERIA

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**Background**: Maternal mortality has remained a problem, especially in developing countries where women continue to die from pregnancy and childbirth-related complications, the majority of which occur from direct obstetric complications. One of the evidence-based interventions to reduce maternal and newborn morbidity and mortality is to improve the availability, accessibility, utilization and quality of EmONC services. The study aimed to determine the geospatial distribution pattern, availability and utilization of Basic Emergency Obstetric and Newborn care services in Jigawa State.

**Methods:** A cross-sectional study was conducted using both quantitative and qualitative data collection methods. WHO "30 by 7" cluster sampling technique and total enumerative survey were employed to select mothers of children under five and designated Primary Health Care facilities respectively. Data was collected with the aid of a pretested interviewer-administered questionnaire, checklist and FGD guide. The Geo coordinates of the PHCs and households of respondents were taken. Data was analyzed using IBM SPSS version 25 and Arc GIS version 10.6. Ethical approval was obtained from Ahmadu Bello University Teaching Hospital, Zaria.

**Results:** The mean age of the respondents was  $29.9 \pm 6.36$  years and the majority were aged 25-34 years. The majority (71.9%) fall within 5 Km radius of a BEmONC facility. A dispersed pattern of distribution was observed for the BEmONC facilities. None of the facilities performed all the seven BEmONC signal functions. The Majority (46.6%) of the facilities performed only five BEmONC signal functions. The BEmONC coverage was 7.7 per 500,000 population. Only 20.3% of expected births took place in BEmONC facilities and met needs for BEmONC was 9.4%. About 27% utilized BEmONC services for treatment of complications during their last pregnancies. Predictors of utilization of BEmONC services were; living within 5 Km to the nearest BEmONC (aOR=3.3; 95% CI=1.565 – 6.822), using of bicycle (aOR=1.930; 95% CI=1.012 – 3.679), use of cars (aOR=1.838; 95% CI=1.127 – 2.998), and use of tricycles (aOR=1.833; 95% CI=1.017 – 3.309) as means of transportation to PHCs. From the FGD, many of the participants opined that the facilities were too far from their homes and that the services required were mostly not available at the facilities.

Conclusion: A dispersed distribution pattern and good physical accessibility to BEmONC facilities were found. BEmONC services were not fully available in any of the facilities. The BEmONC coverage was above the minimum recommended and about a tenth of BEmONC needs were met. Distance and mode of transportation were predictors of utilization of BEmONC services. Consequently, the State Primary Healthcare Board should improve service availability in selected BEmONC facilities and merge other facilities to improve service availability in line with minimum recommendations. State Government and traditional leaders to intensify awareness campaigns to enhance utilization of BEmONC services and provide emergency transport schemes for women with obstetric complications to improve BEmONC utilization.

**Keywords:** Emergency Obstetric Care, Geospatial Distribution, Health Service Utilization, Newborn care, Health Service availability, Nigeria

### ASSESSMENT OF MATERNAL AND NEWBORN ESSENTIAL DELIVERY CARE SERVICES IN PRIVATE HEALTH FACILITIES IN BENIN CITY, EDO STATE, NIGERIA

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**Background**: Most maternal and newborn deaths occur during and immediately after birth. The care provided during this period is crucial for immediate survival and improving the long-term health and nutrition of the mother and infant. Skilled birth attendants should offer essential delivery care services to all mothers and newborns, except in cases where resuscitative measures are required. This study assessed the essential delivery care practices for maternal and newborn health in private health facilities in Benin City.

**Methods**: A descriptive cross-sectional study was performed among 380 women of reproductive age and 108 healthcare providers in 82 private health facilities located in Benin City. Ethical approval was obtained from the Edo State Research and Ethics Committee (Ref no: Ha.737/5/ $T^1$ /001). Respondents were selected using a multistage sampling technique. Data collection was done using an observational checklist and a structured interviewer-administered questionnaire. Data was analysed using the IBM SPSS version 26 software and the level of significance, was set at p < 0.05.

Results: Of the health facilities assessed, 33 (40.5%) had 6-10 beds for inpatient adults and children, while 27(32.9%) had 20 or more beds for the same reason. The majority of the facilities (42.7%) had 1-3 dedicated maternity beds and three-quarters (91.5%) of the facilities had 1-3 delivery beds. Furthermore, 58 (70.7%) of facilities had rooms with auditory and visual privacy. Oxytocin injection was available in 78% of the facilities, including ergometrine (57.3%) and diazepam (52.4%) injections. Antibiotics, IV fluids, sulphadoxine/pyrimethamine, chloroquine tablet and injection, ACT, ferrous tablet, folic acid were available in majority of the health facilities. Additionally, all the facilities had consumables like cotton wool, syringes and disinfectants. Furthermore, out of the 82 health facilities assessed, 41 (50.0%) had specialist doctors, 77 (93.9%) had nurses, 71 (86.6%) had midwives and 59 (72.0%) had community health workers. Almost 75.0% of the healthcare providers had good knowledge of essential delivery care services. Also, there was a high competency of the skilled healthcare workers in the facilities assessed. Place of residence, husband's occupation, marital status, woman's occupation and number of children were found to be significant factors associated with utilisation of essential maternal and newborn delivery care services. Mothers with one or two children were significantly more likely to choose either government or private facility for antenatal care (AOR: 1.351; 95% CI: 1.51-9.85; p = 0.005) and place of delivery (AOR: 1.168; 95% CI: 1.27-8.17; p = 0.014) when compared to those with more than five children.

Conclusion: Private health facilities in Benin City have professional staff with good knowledge and adequate skills in essential delivery care services. The facilities have adequate supplies of drugs and equipment needed for delivery care. Continuous awareness campaigns on various media on the importance of antenatal visits should be sustained. Enrolment of community members into community-based health insurance schemes may improve access to health facilities.

Keywords: Delivery care, Skilled birth attendants, Maternal Health, Resource availability, Nigeria

# SATISFACTION OF PATIENTS TO CARE RECEIVED DURING CHILDBIRTH AMONG MOTHERS OF INFANTS IN IBADAN NORTH LOCAL GOVERNMENT AREA, OYO STATE, NIGERIA

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**Background:** Satisfaction of patients to care received is one of the most recurrently reported outcome measures for quality of care because being displeased by health care facilities is one of the many causes of mothers not getting modern obstetric care. Health system inputs, maternal expectations and the overall outcome influences the extent to which care meets the satisfaction of patients. There are limited studies about maternal satisfaction with care received during childbirth in the study area. This study was therefore design to investigate satisfaction of patients to the care received by mothers of infants during childbirth in Ibadan North Local Government Area (IBNLGA), Oyo State.

**Methods:** The study was a descriptive facility-based cross-sectional survey. A Three-stage sampling technique was used to select study respondents (270) in selected health facilities in the IBNLGA. An interviewer-administered questionnaire which included a 59-item was used to elicit information from the respondents on their: Social Demographic variables, perceived care expected during delivery, level of Satisfaction, enabling factors contributing to quality of care and Factors Promoting Patients' Satisfaction. Patients' perceived care expectation was categorised as high expectation (8-14), low expectation (1-7) and level of satisfaction was categorised as 1-7 for not satisfied, 8-14 for little satisfied, 15-21 for satisfied and 22-30 for very satisfied.

Results: The average age of the respondents was 30.5±5.7 years, 97.0% were married, 52.6% had their antenatal care at a Primary Health Care, about half (48.9%) had below tertiary education, most of the women were artisans (27.4%). Overall, it was deduced that majority (93.0%) had high expectations of care they envisage receiving from nurses during delivery. Most of the respondents (60.0%) were satisfied at optimum level with the care they received during delivery. It was also deduced that not up to half of the women can be said to be satisfied with the quality of facilities and infrastructures available at the health facilities. Less than 50.0% reported satisfaction with the healthcare workers' attitude towards them during the course of their delivery at the various facilities. The Respondent's level of expectation was not statistically associated with their satisfaction towards facilities and infrastructures in the hospital. Similarly, their level of expectation was not associated with the quality of health-worker's attitude towards women receiving delivery care. Respondents age, occupation, monthly income and type of facility used; were not significantly associated with their level of expectation. Respondents age, occupation, and monthly income, were not significantly associated with satisfaction towards services. Respondent's age, occupation and monthly income were significantly associated with satisfaction.

**Conclusion:** Women have differing levels of satisfaction with maternity services offered by hospitals in the study area and their experiences, expectation and satisfaction of care are affected by a wide range of determinants, which could influence future utilization of care. There should be a mechanism in place where feedback can be received from their patient on their level of satisfaction.

**Keywords:** Patient satisfaction, Quality of care, Perceived care expectation, level of expectation, Nigeria

### EFFECT OF IMPLEMENTATION OF COMMUNITY MATERNAL AND PERINATAL DEATH SURVEILLANCE AND RESPONSE ON MATERNAL HEALTH CARE SEEKING BEHAVIOUR IN KADUNA STATE

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**Background:** Globally, maternal and perinatal mortalities remain significant public health concerns, with Nigeria one of the highest proportions to the burden. The majority of these deaths in Nigeria occur outside health facilities and are not captured in routine health systems, including the maternal and perinatal death surveillance and response system. The newly introduced community maternal and perinatal death surveillance and response (CMPDSR) system seeks not only to address this gap but also to empower communities to self-diagnose, develop and implement community action plans to avert similar deaths in the future, especially those caused by remediable upstream socio-cultural factors. This study aimed to evaluate the effect of CMPDSR implementation on maternal healthcare seeking behavior in Kaduna State, Nigeria.

**Methods:** A comparative cross-sectional study was conducted using mixed methods. A multistage sampling technique selected reproductive-age women (15–49 years) from Soba Local Government Area (LGA), the intervention site where CMPDSR was implemented, and Kudan LGA, the control site. Data were collected using pretested interviewer-administered questionnaires and focus group discussion guides. Quantitative data were analyzed with IBM SPSS version 25, and qualitative data were analyzed thematically. Ethical approval was obtained from Ahmadu Bello University Teaching Hospital, Zaria.

Results: Respondents' mean ages were  $26.6 \pm 6.5$  years in Soba and  $28.3 \pm 6.9$  years in Kudan. Knowledge of maternal and perinatal mortality and healthcare-seeking behavior was low overall, 25.3% of women in Soba demonstrated good knowledge, compared to just 0.7% in Kudan. Similarly, 94.2% of women in Soba exhibited good perceptions of maternal and perinatal mortality and healthcare-seeking behavior, compared to 77.1% in Kudan. ANC attendance was higher in Soba, where 98.1% of respondents attended at least one ANC visit, compared to 92.8% in Kudan. Additionally, 98% of women in Soba completed four or more ANC visits, compared to 86% in Kudan. Health facility delivery rates were also higher in Soba (53.2%) than in Kudan (33.3%). Decision-making on ANC attendance and delivery place differed slightly; 41.6% of women in Soba made joint decisions with their spouses, compared to 55.6% in Kudan. Predictors of ANC and facility delivery utilization included knowledge, perception, number of co-wives, and non-professional occupations. FGDs revealed that increased ANC attendance and facility deliveries in Soba were largely driven by awareness created through CMPDSR interventions. In contrast, barriers in Kudan included financial constraints, lack of spousal support, and mistrust of healthcare services.

Conclusion: Women in Soba demonstrated better knowledge, perception, and utilization of maternal healthcare services than those in Kudan. CMPDSR may be instrumental in improving ANC attendance, completion of recommended visits, and facility delivery rates. These findings highlight the effectiveness of community-driven interventions in improving maternal health outcomes. Scaling up CMPDSR across other LGAs by the State Government is recommended, alongside regular community feedback sessions and efforts by traditional leaders to address cultural barriers and promote safe motherhood practices.

**Keywords:** Community Maternal and perinatal death surveillance, Maternal health care seeking behavior, Maternal and perinatal mortality, Nigeria

### ASSESSMENT OF FEMALE GENITAL MUTILATION PRACTICES AMONG WOMEN OF REPRODUCTIVE AGE IN DELTA STATE

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**Background:** Globally, over 200 million women and girls have undergone FGM and every year over 3.6 million girls are at risk of being mutilated. The national prevalence of FGM in Nigeria is 19.5% with prevalence in Delta State reported as 33.7% being the second highest after Edo (35.5%) in the south-south geopolitical zone of Nigeria. This study assessed FGM practices in six communities in the three senatorial districts of Delta State, Nigeria.

**Methods:** An analytical cross-sectional study design involving a mixed method approach (quantitative and qualitative) was utilized for this study. The study population comprised of 500 women of reproductive age (18 – 49 years) resident in Delta State. Data was analysed using the Statistical Package for Social Sciences (SPSS) version 25.

**Results:** Four hundred (80.0%) of respondents studied were aware of the term FGM. An estimated 56% and 44% of female residents studied had good and poor knowledge of FGM respectively. Only 8.8% (n=35) of respondents studied were aware of legislation against FGM. In relation to attitudes towards FGM, this study identified that an estimated 248 (62.0%) and 152 (38.0%) had negative (nonsupportive) attitudes and positive (supportive) attitudes towards FGM. The prevalence of FGM among female residents in Delta State was (14.0%), although this is lower than the NDHS reported value for Delta state (33.7%) in 2018 (NPC and ICF International, 2019). Despite the above finding, there was a high level of intention to practice FGM (32.7%) among older female residents (survivors).

**Conclusion:** The knowledge of the existing laws prohibiting FGM practice was poor among female residents in Delta State. The prevalence of FGM among women remains a common practice in Delta State. Finally, the intention to sustain the practice of FGM was high among older female residents (survivors). There is a need to employ an integrated approach to address gaps in knowledge and address the occurrence of FGM in Delta State.

**Keywords:** Women of reproductive age, circumcision, female genital mutilation, Nigeria

# KNOWLEDGE, ATTITUDE AND PRACTICE OF EXCLUSIVE BREASTFEEDING AMONG MOTHERS OF 0-6 MONTH'S INFANTS IN GWARZO LOCAL GOVERNMENT AREA OF KANO STATE

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**Background:** The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend early initiation of breastfeeding, specifically within the first hour of birth, and that every infant should be exclusively breastfeed for the first six months of life, with breastfeeding continuing for up to two years of age or longer. The aim of this study was to investigate the knowledge, attitude and practice of exclusive breastfeeding among the study respondents.

**Methods:** The study adopted a combination of quantitative and qualitative research approaches with a cross-sectional survey research design and in-depth interviews. A total of 376 respondents were selected using a convenience sampling technique for the survey method while 2 interviewees were purposely sampled for the in-depth interview. The data were collected using semi structured questionnaire and indepth interviews, where the researcher analyzed the quantitative data using descriptive statistics which includes the use of percentages and frequencies. On the other hand, the qualitative data were analyzed thematically. The researcher administered and retrieved the instruments with the help of trained female research assistants.

**Results:** Findings revealed that the majority of the respondents 68.7% have a good knowledge of exclusive breastfeeding and a positive attitude towards it. Also, their practice of EBF was found to be commendable. Based on the data gathered, factors associated with EBF practice were education level, awareness of EBF, attitude toward EBF, and efforts of the health workers towards promoting EBF practice. The study showed that 65.2% exclusively breastfeeds for the first six (6) months of life, 61.5% gives colostrum to their babies because they believe it provides nutrition and protection to their babies. The result also showed that EBF has benefits to both the infants and the mother.

**Conclusion:** It was concluded that there was high level of knowledge of exclusive breastfeeding among the respondents, and majority of the respondents practiced exclusive breastfeeding as recommended. The study recommends that breastfeeding interventions should focus specifically on young women and new mothers, as this demography is identified as less likely to engage in exclusive breastfeeding. Also, more efforts should be invested to improve public awareness of exclusive breastfeeding through television, radio, newspapers, billboards and community outreach programs.

**Keywords**: Exclusive breastfeeding, Mothers of 0-6 months infants, Nigeria

### AVAILABILITY AND FRIENDLINESS OF ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN PRIMARY HEALTHCARE FACILITIES IN ABUJA, NIGERIA: A POLICY IMPLEMENTATION ASSESSMENT

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**Background:** Adolescent sexual and reproductive health (ASRH) services include gynecologic services; contraceptive services; and sexually transmitted diseases [STDs] counseling, screening, and treatment provided specifically for adolescents in a friendly manner, and these services have been shown to reduce the rates of unintended pregnancies, STDs, and HIV infection and their related consequences. The National Strategic Framework on the Health and Development of Adolescents and Young People in Nigeria was a policy document of the Federal Ministry of Health targeting the inclusion of Adolescent SRH into PHC facilities since the year 2011. Since the implementation of this policy, the SRH services in PHC facilities have not been assessed for compliance in many states including the FCT. This study aims to assess implementation of this policy in terms of the availability and friendliness of ASRH services in PHC facilities in the FCT.

**Methods:** An exploratory mixed-methods, descriptive cross-sectional study was conducted, utilizing 117 checklists administered to the facility's head/in-charge and 6 FGDs with adolescents residing nearby. A multistage sampling technique was used to select the PHC facilities that were enrolled in this study.

**Results:** A total of 117 PHC facilities were sampled across the six area councils. Among the five domains assessed, the FCT did not meet the minimum requirement of 50% according to the National Policy except for accessibility of the ASRH services having 53.6% of the facilities. The availability of ASRH structure was 33.1%, availability of ASRH services was 48.6%, appropriateness was 28.0% and quality of services was 29.0%. The overall friendliness of ASRH services assessed under four domains was 73.5%. There was no significant difference in the availability or friendliness of ASRH services across the two federal constituencies in the FCT. However, there was a weak positive correlation that was significant (r = 0.474, p-value <0.001) between availability and friendliness scores. The qualitative data result revealed that most facilities did not have structures dedicated for ASRH, the services were available in many facilities, and most of the facilities are close to the houses, schools and gathering areas of the adolescents. Regarding appropriateness and friendliness, many adolescents did not experience any outreach exercise or posters on ASRH services, and many facilities do not offer ASRH services without parental consent even though a few facilities do.

**Conclusion:** In conclusion, the FCT did not meet the minimum national policy requirement for availability of ASRH services, although where the services are available, they are reported to be friendly. In order to reverse this trend and strengthen adolescent sexual and reproductive health in Nigeria, deliberate efforts must be made at various levels ranging from the implementation of already existing policy provisions to addressing specific problems of training staff and provision of basic ASRH equipment in PHC facilities.

**Keywords:** Adolescents, SRH, availability, friendliness, Primary Healthcare Centre, Nigeria

# EFFECT OF A PREVENTION TRAINING PROGRAMME ON THE KNOWLEDGE, PERCEPTION AND RESPONSE TO GENDER BASED VIOLENCE AMONG OUT OF SCHOOL ADOLESCENTS IN LAGOS STATE

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**Background:** Gender based violence (GBV) among adolescents is a worldwide public health problem with many findings reflecting the impact of human rights violations. This could be expressed in physical, sexual, psychological, or verbal abuse. The objective of the study was to assess the effect of a prevention training programme on the knowledge, perception, and response towards gender-based violence among out of school adolescents in Lagos State.

**Methods:** A mixed method, quasi-experimental intervention training using a before and after design among out of school adolescents was conducted in two Local Government Areas of Lagos State using multi-stage sampling. The study instruments were pre-tested questionnaires which investigated knowledge of GBV, Perception of GBV and Response to GBV and willing adolescents were purposively selected for the focus group discussions. Changes in knowledge, perception and response were compared at baseline and post-intervention. The level of significance was set at p<0.05.

Results: Mean age of 15.53±2.75 years for Mushin (study group) and 17.24±1.88 years for Eti-Osa LGAs (control group) respectively. Most of the respondents were predominantly older adolescents age group (16-19 years) and females in both groups. At baseline, none of the respondents had good knowledge, positive perception was 50.9%, and good response was 26.7% in the study group. These proportions all increased to 16.7%, 73.5% and 39.2% for knowledge, perception and response scores respectively at post-intervention. While for the control group, at baseline, none of the respondents had good knowledge, positive perception was 56.9%, and good response was 22.0%. These proportions all were 1.6%, 56.5% and 24.1% for good knowledge, positive perception and good response scores respectively at post-intervention There was a statistically significant increase in the overall knowledge, perception, and response to GBV by respondents in the study group than in the control group (p<0.001, p=0.001, p=0.018) at post-intervention. Among the study group, respondents with fair (OR=2.985, CI= 1.332-6.021) and poor (OR=6.127, CI=3.331-9.453) knowledge of GBV have higher odds of having poor responses to GBV than those with good knowledge. Also, respondents with negative perception to GBV have 11-fold likelihood and increased odds of having poor responses to GBV (OR=11.093, CI=3.192-18.914) and subsequently respondents in control group, have higher odds of having poor responses to GBV (OR=7.221, CI=4.211-13.910).

Conclusion: The training was effective in improving the knowledge, perception and response of the trained out of school adolescents. Despite this there was still low levels of good knowledge of GBV (16.7%) and low response of 39.2%. Hence, the need to create relevant health policies that would engage in continuous training and so further improve the knowledge, perception and ensure better response to GBV among out of school adolescents. In the future, comparative and experimental studies are required.

**Keywords**: Out-of-school adolescents, gender-based violence, sexual violence, Nigeria

### PREVALENCE AND RISK FACTORS OF UROGENITAL SCHISTOSOMIASIS AMONG FEMALE ADOLESCENTS RESIDING IN RIVERINE COMMUNITIES OF ABUJA, NIGERIA

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**Background:** Schistosomiasis is a serious human disease of public health importance in the tropics and the sub-tropics caused by Schistosoma spp. It is classified by the World Health Organization as a Neglected Tropical Disease. The infection, if untreated, causes vaginal bleeding, pain during sexual intercourse, infertility, miscarriage, ectopic pregnancies, spontaneous abortions, prematurity, vulva nodules, genital and cervical lesions with increased risk of HIV and Human Papilloma Virus infection in women which often results in long-term poor reproductive health with sexual dysfunction and other irreversible consequences including social consequences such as low self-esteem, depression and stigma. This study assessed the knowledge and determined the prevalence and risk factors of Urogenital Schistosomiasis among female adolescents residing in riverine communities of Abuja, Nigeria.

**Methods:** A descriptive cross-sectional study was conducted to assess the knowledge of schistosomiasis and determine its prevalence and the risk factors among female adolescents aged 10 to 19 years residing in Kuyami Resettlement and Gosa-Kpayinkpayin communities in Gui ward of Abuja Municipal Area Council. A total of 300 participants were enrolled into this study and a pre-tested semi-structured questionnaire was used to obtain relevant information. Ten millimeters (10ml) of terminal urine samples were also collected between 10:00hours and 14:00hours from the respondents into universal containers. On the field, samples were examined macroscopically for gross haematuria and then tested for microhaematuria and proteinuria using Combi-14 reagent strip before being preserved in ice-lined cold boxes and then transported to laboratory for processing and analysis using sedimentation quantitative technique within 24 hours of the collection. The processed samples were then examined under the microscope to determine the presence of ova of S. *haematobium* in urine.

**Results:** Awareness of Schistosomiasis was low (27.3%) so also the knowledge of its mode of transmission (14.6%). Out of the 300 urine samples examined, 119 (39.7%) were infected with S. haematobium. The highest infection rate was recorded among adolescents aged 10-14 years (40.3%) while the late adolescents was 38.5%. The occurrence of S. haematobium infection was significantly associated with the distance to streams, degree of contact with the stream, the duration of stay in the community and water-related activities (p < 0.05). Predictors of infection were haematuria, distance to the stream, degree of water contact, years of living in the community and genital itching. A weak positive linear relationship between the number of eggs and the degree of water contact was found in this study.

**Conclusion:** The presence of urinary schistosomiasis has been demonstrated and all adolescents in the study area are equally exposed to the source of infection. It is pertinent to initiate prompt interventions including awareness and campaigns to correct misconceptions and targeted mass administration of Praziquantel to reduce the prevalence.

Keywords: Adolescents, Urogenital schistosomiasis, NTDs, Risk factors, Nigeria

# (NETBRECSIN)

