**Title: Explaining socioeconomic inequalities in maternal health service utilisation in Nigeria**

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ABSTRACT

**Background**: Health is an important determinant of economic growth and a key component of the sustainable development goals. For children and mothers, access to quality maternal health services is important to attain good health. In fact, access to quality antenatal care (ANC) services improves maternal health outcomes and this is effectively delivered through a strengthened primary health care (PHC) system. However, access and utilisation of ANC services may be influenced significantly by socioeconomic factors, in favour of the rich. Nigeria is a country with a very high maternal mortality ratio, which has increased over time. For instance, the maternal mortality ratio increased from 545 to 576 per 100,000 live births between 2008 and 2013.

**Objectives**: This study analysed socioeconomic inequality in the use of ANC services among women aged 15-49 years in Nigeria. The paper also explored the factors that explain observed socioeconomic inequalities in the use of ANC services in Nigeria.

**Methods**: We used concentration curves and concentration indices to assess socioeconomic inequality in ANC utilisation. These indices were also decomposed to assess factors that explain the observed inequalities. Data came from the 2013 wave of the Demographic and Health Surveys for Nigeria. Inequality was assessed in no ANC utilisation, less than four ANC visits, at least four visits, and ANC intensity/frequency (i.e. actual number of ANC visits). Socioeconomic status was measured using a wealth index.

**Findings**: In Nigeria, poorer women, compared to their richer counterparts, tend to have fewer than four visits, including having no ANC visit before delivery. On the other hand, attending at least four ANC visits was concentrated among the rich. Inequalities in no visit and less than four ANC visits were higher in urban areas compared to inequalities in attaining at least four visits and ANC visit intensity that were larger in rural areas. Factors that significantly explained the disparities in ANC utilisation were age, schooling, distance to the health facility, geopolitical zone and urban residence.

**Conclusions**: Understanding socioeconomic inequalities in access to maternal health services potentially helps policy makers implement policies aimed at closing observed disparities. In addition, an assessment of the contributory factors to such inequalities makes it easier for targeting interventions. The significant disparities in socioeconomic inequality in ANC utilisation in Nigeria can be addressed by targeting younger and poorer women, improving female literacy and increasing the availability of ANC services through the PHC system.