Rifkatu Nghargbu1, Olanrewaju Olaniyan2, Akanni O.Lawanson3

Department of Economics, University of Ibadan, Ibadan, Nigeria.

Email: rifnghargbu@gmail.com1 lanreolaniyan@yahoo.co.uk2 aolawanson@yahoo.com3

Corresponding author: Rifkatu Nghargbu1

Department of Economics, Usmanu Danfodiyo University Sokoto, Sokoto, Nigeria.

Email: rifnghargbu@gmail.com1

**Abstract**

The high maternal and child mortality rates of 500 per 100,000 and 128 per 1,000 live births are major research and health policy concerns often caused by inequity in utilisation of basic maternal and child health care in Nigeria. Although existing literature provided estimates of determinants of maternal and child health care utilisation, inequity in maternal health care utilisation has not been given adequate attention. This study therefore examined horizontal inequity in maternal health care utilisation in Nigeria. Standardised concentration index for need and non-need variables and concentration curves were used to construct profile of horizontal inequity for maternal health care utilisation. Maternal healthcare was measured by antenatal attendance and skilled delivery. Data was derived from four sets of Nigeria Demographic and Health Survey (NDHS) which include 1999, 2003, 2008 and 2013, respectively. Concentration curve for antenatal and skilled delivery revealed a positive horizontal inequity index of 0.26 to 0.37 and 0.32 to 0.48 from 1999 to 2013; indicating pro-rich inequity in utilisation with standardised concentration index of need variable subtotal of 0.001 to 0.002 and -0.03 to -0.02 and non-need variable subtotal of 0.26 to 0.37 and 0.189 to 0.30. Wealth and education were the major drivers of inequity in maternal health care utilisation in Nigeria as such empowerment programmes and improvement in education will enhance maternal health care utilisation and reduce mortality.

Keywords: Antenatal care, Skilled delivery, Horizontal inequity, Utilisation, Maternal health care, Nigeria