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Missed opportunities for Intermittent Preventive Treatment of Malaria among pregnant women with the recommended number of antenatal care visits in Nigeria: Secondary Analysis of Malaria Indicator Survey 2021

Opportunités manquées pour le Traitement Préventif Intermittent du Paludisme chez les femmes enceintes ayant le nombre recommandé de visites de soins prénatals au Nigeria : Analyse secondaire de l'Enquête sur les Indicateurs du Paludisme 2021

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ABSTRACT

BACKGROUND AND OBJECTIVES: Missed opportunity (MO) for IPTp SP remains high in Nigeria even among pregnant women with four or more ANC visits. We assessed the current MO rate and its predictors, using data from the 2021 MIS.

METHODS: We carried out a secondary analysis of data of women who had at least one live birth and at least 4 ANC visits. Bivariate analyses assessed the relationship between socio-demographic characteristics, type of ANC facility, type of ANC provider, knowledge of malaria prevention, awareness about IPT, and missed opportunity using the Chi-square test. Multivariate analyses were presented as odd ratios at 95% CI, (P value <0.05).

RESULTS: Nearly half (47%) had only primary education or none at all. About 30% were poor. Most had their 1st visit ANC in the 2nd trimester (58%). The missed opportunity rate was 55%. Predictors included age 20 to 34 years [aOR 1.3(1.1-1.67)], being very poor [aOR 1.6(1.1-2.4)], late ANC (in 2nd or 3rd trimester) [aOR 0.57(0.4-0.89)], ignorance about malaria prevention [aOR 1.8(1.4-2.4)], ignorance about IPT [aOR 1.3(1.3-2.5)] and residence in the South South and North East [aOR 0.46(0.31-0.68)] regions.

CONCLUSIONS: The missed opportunity was high. Place of residence, poor knowledge of malaria prevention and IPT use, late commencement of ANC, poverty, and young age (20 to 34 years) contributed to the burden. Recommendations include stressing the importance of IPT during health talks. Provision of cups and drinking water for the IPT DOT policy by the Government and partners. There is a need for further research to unravel the reasons for the higher MO rates in some regions. **WAJM 2023; 40(10); 1021-1028.**

Keywords: Malaria in pregnancy, intermittent preventive treatment, Sulphadoxine-pyrimethamine, Missed Opportunity, antenatal care

RÉSUMÉ

CONTEXTE : Les opportunités manquées (OM) pour le TPIp SP restent élevées au Nigéria, même parmi les femmes enceintes ayant effectué quatre visites ou plus aux soins prénatals. Nous avons évalué le taux actuel d'OM et ses prédicteurs en utilisant les données de l'Enquête sur les Indicateurs du Paludisme de 2021.

MÉTHODE: Nous avons réalisé une analyse secondaire des données des femmes ayant eu au moins une naissance en vie et au moins quatre visites de soins prénatals. Les analyses bivariées ont évalué la relation entre les caractéristiques sociodémographiques, le type d'installation de soins prénatals, le type de prestataire de soins prénatals, la connaissance de la prévention du paludisme, la sensibilisation à propos du TPIp, et les opportunités manquées en utilisant le test du chi-carré. Les analyses multivariées ont été présentées sous forme de cotes ajustées avec un intervalle de confiance de 95 % (valeur de p<0,05).

RÉSULTATS: Près de la moitié (47 %) avaient seulement une éducation primaire ou n'en avaient pas du tout. Environ 30 % étaient pauvres. La plupart ont effectué leur 1^{ère} visite prénatale au cours du 2^{ème} trimestre (58 %). Le taux d'opportunités manquées était de 55 %. Les prédicteurs comprenaient l'âge de 20 à 34 ans [aOR 1,3 (1,1-1,67)], être très pauvre [aOR 1,6 (1,1-2,4)], début tardif des soins prénatals (au 2^{ème} ou 3^{ème} trimestre) [aOR 0,57 (0,4-0,89)], ignorance de la prévention du paludisme [aOR 1,8 (1,4-2,4)], ignorance du TPIp [aOR 1,3 (1,3-2,5)] et résider dans les régions du Sud-Sud et du Nord-Est [aOR 0,46 (0,31-0,68)].

CONCLUSION: Les opportunités manquées étaient élevées. Le lieu de résidence, la méconnaissance de la prévention du paludisme et de l'utilisation du TPIp, le début tardif des soins prénatals, la pauvreté et l'âge jeune (20 à 34 ans) ont contribué à cette charge. Les recommandations incluent de souligner l'importance du TPIp lors des entretiens de santé. La fourniture de gobelets et d'eau potable pour la politique de l'administration directe du TPI par le gouvernement et les partenaires. Il est nécessaire de poursuivre la recherche pour découvrir les raisons des taux plus élevés d'OM dans certaines régions. **WAJM 2023; 40(10); 1021-1028.**

Mots-clés: Paludisme pendant la grossesse, traitement préventif intermittent, sulfadoxine-pyriméthamine, opportunité manquée, soins prénatals.

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Abbreviations: ANC: Antenatal Care, DHS: Demographic and Health Survey, FMOH: Federal Ministry of Health, IPTp: Intermittent Preventive Treatment in Pregnancy, LGAs: Local Government Areas, MO: Missed opportunity, MIS: Malaria indicator survey, NBS: National Bureau of Statistics, NMEP: National Malaria Elimination Programme, NPC: National Population Commission, PSU: Primary Sampling Unit, SP: Sulphadoxine Pyrimethamine, TBA: Traditional Birth Attendants, WHO: World Health Organisation