

Determinants of Uptake and Adherence to Intermittent Preventive Treatment of Malaria Among Pregnant Women Attending Antenatal Clinic in Tertiary Health Facilities in FCT, Nigeria

Sylvia Samuel Usman*, Joy Dogo

Department of Community Medicine and Primary Health Care

*Corresponding Author

ABSTRACT

Malaria in pregnancy can lead to severe anaemia, stillbirth and low birth weight. However, these adverse outcomes are largely preventable. In line with this, the World Health Organization (WHO) recommends the use of intermittent preventive treatment in pregnancy with sulfadoxine–pyrimethamine (IPTp-SP) as a key strategy to prevent malaria and its complications among pregnant women. Despite this recommendation, uptake and adherence remains suboptimal across the country. This study assessed the determinants of IPTp-SP uptake and adherence among pregnant women attending tertiary health facilities in the FCT, Nigeria. A cross-sectional mixed- methods study was conducted among 300 pregnant women attending ANC across three tertiary hospitals in the FCT: National Hospital Abuja, University of Abuja Teaching Hospital Gwagwalada, and Federal Medical Centre Jabi. Quantitative data were obtained through structured questionnaires, and qualitative data were collected through key informant interviews with healthcare providers. Findings revealed that although 94% of respondents had heard of IPTp-SP, only 49.7% demonstrated high uptake and adherence, while 50.3% showed low adherence. Knowledge was significantly associated with IPTp-SP uptake and adherence (AOR=1.383, $p < 0.05$); women with higher knowledge were more likely to adhere. Age was the only socio-demographic factor significantly associated with adherence (AOR = 0.911, $p < 0.05$), with younger women showing better uptake and adherence. Health system factors were also strongly associated with adherence (AOR = 2.155, $p < 0.05$). Qualitative findings revealed that education, area of residence, and individual beliefs strongly influence uptake and adherence. Pregnant women with higher education and living in urban areas were noted to have higher uptake and adherence level. Major barriers included misconceptions that preventive drugs are unnecessary when asymptomatic, fear of side effects, late ANC initiation, and lack of spousal support. Health-system challenges such as inadequate staff training, absence of Directly Observed Therapy (DOT), and weak follow-up mechanisms further limited adherence. Despite these gaps, most health workers demonstrated good knowledge of IPTp-SP, strong confidence in counselling, and positive attitudes toward malaria prevention. High awareness of IPTp-SP among pregnant women does not necessarily translate into optimal uptake or adherence. Uptake is shaped by educational, behavioural, and health-system factors. Strengthening DOT implementation, ensuring free and regular SP supply, continuous capacity building for healthcare workers, and targeted health education for older pregnant women are critical to improving IPTp-SP compliance and reducing malaria burden in pregnancy.

