MATERNAL MORTALITYAND ACCESS TO PRIMARY HEALTH CARE IN NIGER EAST SENATORIAL ZONE, NIGER STATE

ALIYU BELLO MOHAMMED

[1]Department Of Sociology Ibrahim Badamasi Babangida University, Lapai Nigeria
E-mail: [1]aliyubellomohammed@yahoo.com

Abstract- The state of maternal mortality health is an important indicator of health care delivery system and society level of development. Improvement in maternal health is, therefore a central focus in global health programmes. Despite efforts by government at all levels and its partners maternal mortality remains worrisome in Nigeria. The general objective of the study was to examine maternal mortality and access to Primary Health care in Niger East Senatorial Zone of Niger State. The study adopted a cross sectional survey design using multi-stage sampling methods to achieve the required sample size of one thousand four hundred and forty five (1,445) respondents. Questionnaires were administered to women of reproductive age (15-49 years), who are currently married. Data were analysed using descriptive and chi-square (X^2) statistics. The findings of the study reveal that: socio-economic index, level of education, who takes decision on health matter, income and age were identified as determinant of access to maternal health service in PHC. Women in households with high socioeconomic index are more likely to access maternal health services in PHC than those in households with low socioeconomic index ($p<.001$). furthermore, women in households where men monopolized decision making are less likely to access maternal health services in PHC than women where joint decision are taken ($p<.001$). The higher the level of education of a women the greater her access to maternal health services in PHC ($p<.001$). Finally, the study showed that there is high prevalence of maternal mortality rate in the study area, PHC facilities are not adequate to handle maternal health services, poverty is identified as one of the major barriers in access maternal health services and high illiteracy level among women is also responsible for inability to access maternal health services in PHC.

Keywords- Maternal, Maternal Mortality, Access, Primary Health care, Antenatal.

I. INTRODUCTION

The state of maternal health is an important indicator of health care delivery system and level of society development (FMOH & NPHCDA, 2009). Improvement in maternal health is, therefore, a central focus in global health programmes. This explains the 5th Millennium Development Goal, which is directly related to maternal health.

Despite these efforts, maternal mortality remains worrisome in Nigeria, which has one of the poorest maternal mortality rates in the world (Chudi, 2010). Nigeria constitutes just 1% of the world population, but accounts for 10% of the 529,000 world maternal mortality rates (WHO, 2004). Annually, an estimated 52,900 Nigerian women die of pregnancy related complications. A woman's chances of dying from pregnancy and child birth in Nigeria is 1 in 13, while it is 1 in 5000 in developed nations and only about 40% of deliveries are attended to by skilled birth attendants in Nigeria (Audu & Ekele, 2002; FMOH, 2007).

More than 70% of maternal deaths in Nigeria are due to five major complications: haemorrhage, infection, unsafe abortion, hypertension and obstructed labour (Lissner and Weissman, 2006). Although many of these deaths are preventable, the coverage and quality of health care services continue to fail women and children despite the large investments made by Government and its partners (Galadanci, Idris, Sadauki & Yakasai, 2010).

II. METHODOLOGY

The study adopted a cross-sectional survey design in which a combination of qualitative and quantitative research methods was used to collect data from the respondents on maternal mortality and access to Primary Health Care.

The study was conducted in Niger East Senatorial Zone of Niger State, covering nine local government councils. Niger State is located between Latitude $8^o22'N$ and $11^o30'N$ and Longitude $3^o30'N$ and $7^o20'E$. With an estimated 36.6 percent ANC usage among women of child bearing age (121,984) in Niger State (NPC and ICF Macro, 2009), and 95 percent and 2.5 percent confidence level and error margin respectively, a sample of 1,426 women was computed for this study.

An additional 1.7 percent was added for contingency. There were three instruments, namely questionnaire, In-Depth Interview (IDI) guide and Focus Group Discussion (FGD) guide, used for the collection of data in this study.

III. FINDINGS AND DISCUSSION

This study was designed to explore access to primary health care and maternal mortality in Niger East Senatorial Zone. In this section the six hypotheses formulated for the study were tested. For the fact that most of the data are categorical variables, the chi-square (χ^2) was used to test the hypotheses

Table 1: Distribution of respondents by selected socio-demographic, socio-economic and perceptual variables by access to care from PHC when pregnant

Selected Variables	Do you access care from PHC when pregnant?		Total	χ^2 P-value
	I access care	I do not access care		
Socio-economic index				
Low	352 (61.9)	217 (38.1)	569(100)	χ^2=
Medium	399 (76.4)	123 (23.6)	522(100)	35.640
High	212 (59.9)	142 (40.1)	354(100)	df = 2
Total	963 (66.6)	482 (33.4)	1445(100)	P = 0.000
Distance to PHC				
Near	1248 (90.70)	128 (9.30)	1376(100)	χ^2 =
Far	59 (85.50)	10(14.50)	69 (100)	2.0492
Total	1,307 (90.45)	138 (9.55)	1445(100)	df = 1
				P = 0.152
Who takes decisions on obstetric emergency				
Husband	693 (86.20)	111 (13.80)	804 (100)	χ^2 =
Wife	56 (96.55)	2 (3.44)	58 (100)	39.2476
Joint	362 (95.77)	16 (4.23)	378 (100)	df = 4
(Husband & wife)	43 (91.49)	4 (8.51)	47 (100)	P = 0.000
Relative	153 (96.84)	5 (3.51)	158(100)	
Anybody				
Total				
Religion				
Muslim	652 (64.9)	353 (35.1)	1005(100)	χ^2 = 4.641
Other	311 (70.7)	129 (29.3)	440(100)	df = 1
religions	963 (66.6)	482(33.4)	1445(100)	p = 0.031
Total				
Perceived attitude of health workers				
Positive	680 (91.15)	66 (8.85)	746 (100)	χ^2 =
Negative	620 (88.70)	79 (11.3)	699 (100)	1.0037
Total	1,300 (66.6)	145 (10.03)	1445(100)	df = 1
				p = 0.316
Level of education				
Low	615 (82.88)	127 (17.12)	742 (100)	χ^2 =
High	692 (98.44)	11 (1.56)	703 (100)	101.0646
Total	1,307 (90.45)	138 (9.55)	1445	df = 1
			(100)	p = 0.000

Source: Field Survey, 2013

The causes of maternal mortality were further investigated to ascertain the major causes of maternal death in the study area. This is presented in Figure 1:

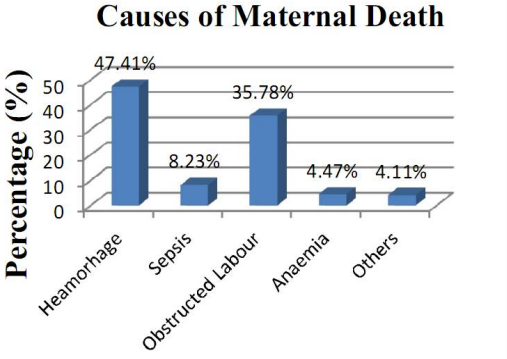


Fig. 1: Percentage Distribution of Respondents by Causes of Maternal Death

Figure 1 above shows that 47.41% of respondents had lost someone as a result of haemorrhage, 5.23% to sepsis, 35.78% to obstructed labour, 4.47% to anaemia in pregnancy while unsafe abortions and hypertension accounted for 4.11% of maternal death. In the FGD sessions, study participants maintained that haemorrhage, obstructed labour and anaemia were the leading cause of maternal death among women of reproductive age in the communities.

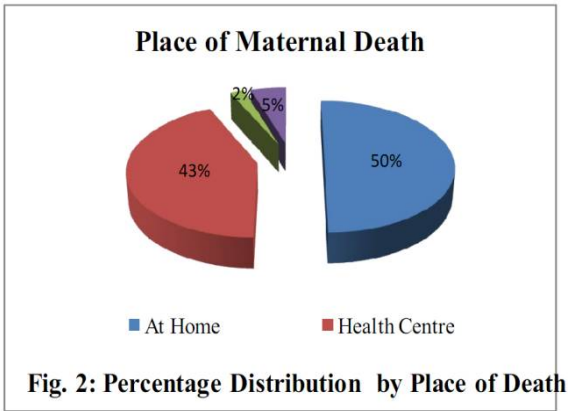


Fig. 2: Percentage Distribution by Place of Death

The Figure 2 above shows the percentage distribution of place of death. As is indicated in the figure, 50% of the respondent said a member of their household died at home during pregnancy or child birth, 43% at a health facility, 5% on transit and 2% at traditional birth attendants place. The implication is that most maternal mortality were recorded outside health facility in the study area. This result is supported by the responses of participants during the FGD's sessions that many of the maternal deaths occurred at home.

The discussion is based on the finding gathered from 1,445 questionnaire administered to women within the ages of 15 – 49 years (Women of Reproductive Age) in Niger East Senatorial Zone. The findings also include information gathered from Focus Group Discussion (FGD) and In-depth interview (IDI). The study showed that maternal mortality rate is still high in the study area because majority of the respondents indicated losing at least a woman during pregnancy or childbirth. Haemorrhage, obstructed labour and anaemia in pregnancy were identified as major causes of maternal death in the area and most of the deaths occurred at home. Most of these maternal deaths are preventable but the health care delivery system in the area has continued to fail women.

It was discovered in the study that socio-economic index, level of education, who takes decision on health matters, religion and level of education are significant on access to maternal health care services in Primary Health Care facilities in the study area. The implication of this factor is that, those who have attained high level of education are more enlightened on reproductive health and are economically empowered to access maternal health services in PHC facilities. The study affirmed that perceived attitude of health personnel and nearness to PHC are not significant in accessing maternal health service in PHC facilities in the study area.

On a general note, the trend of health care development in Niger East Senatorial Zone is not encouraging. The facility and manpower distribution is grossly inadequate. In this respect, the results of the

study are supported by Michael Lipton theory of urban bias. The aim of Lipton's theory is an explanation of distorted and uneven development in the third world countries where it is argued that in the rural sector, few and inferior facilities are allocated to the villages (Lipton, 1980). This theory is still relevant today, considering, for example, the health personnel and facilities in Niger East Senatorial Zone.

Furthermore, the data analyses identified some of the barriers in accessing maternal health services in PHC facilities in the study area. These barriers include poverty, education, decision and means of transportation. Most of PHC facilities cannot cope adequately with the predominant maternal health related problems of women due to lack of adequate facilities as well as shortage of personnel. As argued by Thaddeus and Maine (1990), insufficient number of medical personnel and medical equipment at the facility leads to delay in patients receiving the care they need.

CONCLUSION

The following conclusions were drawn from the study:

i. There is high prevalence of maternal mortality rate in Niger East Senatorial Zone. The three major causes identified in the study include haemorrhage, obstructed labour and anaemia in pregnancy.
ii. In the process of this study it has been discovered that the available PHC facilities are not adequate and were not evenly distributed in the study area.
iii. The finding of the study reveals that socio-economic index, educational level and who takes decision on health matters and perceived attitude of health are determinants of access to maternal health in PHC facility.
iv. Poverty is identified as one of the major barriers in accessing maternal health service in PHC facility.
v. One factor that is basic is that illiteracy level among women is responsible for inability to access maternal health service in PHC facility.
vi. On the other hand, this study is of the conclusion that physical proximity and religion does not necessary determine access to maternal health service in PHC.

RECOMMENDATIONS

i. There is need for construction of more PHC centres, to bring medical services to the door steps of masses living in remote villages. This is because the available facilities are grossly inadequate.
ii. It is necessary to strengthen and upgrade the existing PHC facilities by ensuring un-interrupted supply of drugs and modern medical equipment. The immediate implementation of free drugs for pregnant women and children under the ages of 5 years is also necessary.
iii. Employment and deployment of enough qualified medical personnel to PHC facilities especially those located in rural areas.
iv. Massive campaign to create awareness on the importance of maternal health services to women of reproductive age is also recommended. Women should be encouraged to attend antenatal and deliver under supervision of qualified health personnel.
v. Education is a strong tool that can empower women to improve their access to PHC facility during pregnancy or childbirth. The girl child education should be encouraged and prioritised by government at all levels

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