



Socio-Economic Determinants of Utilisation of Programme interventions to reduce Maternal Mortality in Nigeria

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Background

Maternal mortality is a huge problem in developing countries and Nigeria is not an exception. Maternal mortality is contingent upon women's health and remains a reflection of national health standards and women's advancement. Despite the global effort to improve maternal health and safer delivery through the International Safe Motherhood Initiative 1987, the world summit for children 1990, and Nigeria's intervention strategy (Integrated Maternal, Newborn and Child Health Strategy 2007), Nigeria occupies a prominent position among countries with highest estimated number of maternal deaths. Maternal death in Nigeria was 800 per 100,000 livebirths in 2000 and 1,100 in 2005.

The goal of achieving enduring reduction of maternal mortality might therefore be elusive to Nigeria and other sub-Saharan nations without objective analysis of the mothers' perspectives and their attitude towards programs and services available today.

Research Questions

- How accessible are these facilities to the public especially the women,
- What is the utilization rate?
- What are the challenges women faces in patronizing these facilities?
- What are their perceived benefits in utilizing facilities provided.

Objectives of the study

The specific objectives of the study include the following:

1. To assess the prevalence of maternal mortality in the study locations
2. To assess the awareness of mothers on the various programs by governments towards reduction of maternal and infant deaths and,
3. To examine the socio-economic correlates of maternal health education.

Methods

The study used face-to-face structured interview and focus group discussion with a two level analytical approach capturing both the qualitative data and information from the discussion segment.

Variable	No	%	Variable	No	%
Aware of compulsory antenatal consultation			Registered for ANC in last or current pregnancy		
Yes	30	14.3	Yes	129	61.4
No	180	85.7	No	81	38.6
Aware of campaign against maternal death			Experienced complications in the last or current pregnancy		
Yes	59	28.1	Yes	37	17.6
No	151	71.9	No	173	82.4
Aware of Safe Motherhood Initiative			Common illness in the community		
Yes	75	35.7	Cholera	14	6.7
No	135	64.3	Malaria/Fever	167	79.5
Aware of MDG reduction in maternal & infant death			Cold/Cough	22	10.5
Yes	47	22.4	Diarrhea	1	0.5
No	163	77.6	Typhoid	14	6.7
Most Common Complications in the community			Preferred Health Facility		
Ectopic Pregnancy	109	51.9	Faith Clinic (Spiritual Leaders)	27	12.9
Hypertension	101	48.1	Medicine Vendors	40	19.0
Knowledge of ANC centers			Traditional Healers	91	43.3
Yes	188	89.5	Medical Doctors/Nurses	30	14.3
No	22	10.5	Indifference	22	10.5

Model	Unstandardized Coefficients		Standardized Coefficients		t	Sig.
	B	Std. Error	Beta	Std. Error		
(Constant)						
Knowledge of Place of ANC treatment	.084	.182	.016	.243	.658	.518
Cost of ANC	-.084	.088	-.046	.075	-.568	.576
Age of respondent	-.012	.008	-.023	.010	-.212	.832
Religion/ethnics	-.071	.084	-.083	.115	-.713	.473
Marital Status	-.185	.040	-.273	.038	-.708	.000
Health Care Center	-.110	.040	-.228	.035	-.654	.007
Working status	-.286	.110	-.285	.150	-.189	.081
Respondent Occupation	.078	.071	.047	.097	.487	.626
Respondent Occupation Position	.070	.044	.113	.044	.254	.802
Respondent Educational Attainment	.084	.046	.057	.060	.093	.928
Hospital - Attendance	-.207	.117	-.138	.136	-.100	.919
Spouse Status	-.102	.081	-.120	.101	-.117	.908
Spouse Job	-.180	.075	-.253	.080	-.315	.001
Health facility/Distance	.170	.033	.348	.038	9.180	.000

Policy Implications and Recommendations

Maternal and infant death must not be seen as a natural occurrence as popularly believed in the study area. It is a social, economic and developmental problem. It affects individuals, families, communities and nations and represents a formidable barrier to sustainable social and economic development.

These findings are envisaged to increase mother's chances to stay alive, give birth to a healthy baby and care for the family.

Since the result confirmed that it is not only the long distance and money that prevent mothers from utilizing available medical facilities but other social and behavioral factors are involved, it is recommended that women should be empowered educationally and economically (job wise) to increase their status and decision-making powers in braking the jinx of tradition where and when necessary.

Finally, the government should establish a Health Events Local Post (HELP) where report of all health related matters can be lodged.