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AWARENESS OF THE CAUSES OF MATERNAL DEATH AMONG PREGNANT MOTHERS IN RURAL AREAS OF SOUTH-SOUTH NIGERIA

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ABSTRACT

Maternal mortality is an important issue that should not be neglected because death of a mother is like losing a nation. Most women in the core rural areas are not aware about the causes of maternal mortality and this could lead to mortality that would have been prevented. The aim of the study is to evaluate the level of awareness about the causes of maternal mortality in core rural areas of South-South, Nigeria. This was a cross-sectional study involving 480 males who were within the age of less than 20 to greater than 40 years. A well-structured questionnaire was administered to participants. Each participant had one questionnaire to fill appropriately and independently after instructions were given to them by the Research Assistants. The study lasted for a period of 3 months. The study revealed that most (26.0) of the respondents were between the 35 to 39 years of age. The level of education of respondents showed that 4.0% had no formal education, 14.5% had primary education, 64.5% had secondary education while 17.5% had tertiary education. Majority (81.0%) of the respondents agreed that they are not aware of the causes of maternal mortality and 65.0% said no enlightenment campaign has been carried out by the community or Government. The study revealed that 62.0% of the respondents do not have primary health centre in their community and 97.0% of the respondents have not gave birth in the health centre. Majority (98.0%) of the respondents patronized traditional birth attendants. Many (62.0%) of the respondents have interest in seeking healthcare services. The statistical analysis was carried out using Statistical Package for Social Science (SPSS) version 23.

KEYWORDS:

Awareness, Causes, Maternal Death, Pregnant, Mothers.



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Introduction

The World Health Organization (WHO (2016) defines maternal mortality as “death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes”

Maternal mortality has been a major source of concern to stakeholders in the Nigerian health sector. The World Health Organization (WHO) estimates that about 536,000 women die of pregnancy-related causes annually, and close to 10 million women suffer complications related to pregnancy or child birth. In contrast to the Millennium Development Goals (MDG's) target of reducing maternal mortality ratio (MMR) by three quarters between 1990 and 2015, same was not achieved as at the end of 2015. According to WHO (WHO (2012) in 2015, about 830 women died daily due to complications of pregnancy and child birth, with almost all of these deaths occurring in low-resource settings while most of them were preventable. According to Marchie (2009), the major reported causes of maternal deaths in developing world are: severe maternal bleeding, infections, obstructed or prolonged labor, unsafe abortion and hypertensive disorders of pregnancy, especially eclampsia. According to a United Nations Children's Fund (UNICEF) report, some of the major triggers of maternal mortality in Nigeria include haemorrhage, obstructed labour, puerperal infection, malaria and complicated abortions. A number of experts have suggested that haemorrhage has historically been over reported while puerperal sepsis is always under reported probably due to health workers' fear of being sanctioned (Igberase, & Ebeigbe, (2007). According to Okonofua (Okonofua, et al, 2012). research results in Nigeria have reported puerperal sepsis as accounting for 12 percent of maternal deaths in Nigeria and that till date, little is known about the background hospital factors that predispose pregnant women to puerperal infection that leads to mortality. Accordant to Hanson (2010). Perhaps, one of the most worrisome is a category of women who never attended ante natal clinics but forced to visit the hospital as emergency cases with varied degrees of complications.

According UNESCO Institute of Statistics (2015), Nigeria's literacy rate was put at 59.6 percent, male literacy at 69.2 percent while female literacy was estimated at 49.7 percent. This implies that there exists a high illiteracy rate, especially among the women and most of these women also wallow in sheer ignorance, which is detrimental to their, health and life, happiness and self-development.

Materials and Method

This was a cross-sectional study involving 200 pregnant females who are within the age of 18 to 44 years. The females were recruited from the rural areas of six states that make up South-South Geopolitical zones. A well-structured questionnaire was administered to participants. Each participant had one questionnaire to fill appropriately and independently after a well informed consent was granted. The study lasted for a period of 3 months (March to May, 2024). Statistical analysis of data was done using SPSS Version 25 and P value < 0.05 was considered significant for data.

Exclusion criteria

Any woman who was below 18 years and above 44 years was excluded from the study.

Inclusion criteria

Any man between 18 to 45 years and interest in reproductive activity irrespective of their marital status were included in the study and pregnant.

Results

The age distribution of the respondents of the current study revealed that 12(6.00%) were of <20 years, 15(7.50%) were within 20-24 years, 45 (22.50%) were within 25-29 years, 48 (24.00%) within 30-34 years, 52(26.00%) within 35-39 years while 28 (14.00%) (Table1).

The level of education of respondents showed that 8 (4.00%) had no formal education, 29 (14.50%) had primary education, 128 (64.50%) has secondary education while 35(17.50%) had tertiary education (Table 2).

The results on the level of awareness of respondents on the causes of maternal mortality showed that 38(19.00%) agreed that they are aware while 162 (81.00%) said No, that they are not aware on the causes of maternal mortality with in pregnant mothers in ElemelGA., Rivers State (Table3).

It was observed that 70(35.00%) affirmed YES, that they have experienced enlightenment by leadership of their community, NGO or government agencies on maternal mortality while 130(65.00%) said NO, that they have not experienced by leadership of their community, NGO or government agencies on maternal mortality (Table 4).

Results on the study indicated that 124 (62.00%) asserted YES, that they are interested in seeking health facility while 76 (38.00%) said NO, that they do not have interest in seeking health facility (Table 5).

Table 4.1: Age Distribution of Respondents

Age (years)	Frequency	Percentage(%)
<20	12	6.0
20-24	15	7.5
25-29	45	22.5
30-34	48	24.0
35-39	52	26.0
40-45	28	14.0
Total	200	100.00

Table 2: Level of Education of Respondents

Level of Education	Frequency	Percent(%)
No formal	8	4.0
Primary	29	14.5
Secondary	128	64.5
Tertiary	35	17.5
Total	200	100.0

Table 3: Awareness of the causes of maternal mortality

Causes of Maternal Mortality	Frequency	Percentage(%)
YES	38	19.0
NO	162	81.0
Total	200	100.0

Table 4: Enlightenment campaign by leadership of your community, NGO or government agencies on maternal mortality

Enlightenment Campaign	Frequency	Percent(%)
NO	130	65.0
YES	70	35.0
Total	200	100.0

Table 5: Present of Primary Healthcare Centre (PHC)

Primary healthcare centre	Frequency	Percentage (%)
Presence of PHC	76	38.0
No presence of PHC	124	62.0
Total	200	100.0

Table 6: Interest in seeking health facility

Interest in Health Seeking Behaviour	Frequency	Percentage(%)
NO	76	38.0
YES	124	62.0
Total	200	100.0

Table 7: Respondents who have not gave birth in the health centre

Causes of Maternal Mortality	Frequency	Percentage(%)
Have not given birth in the health centre	194	97.0
Given birth in the health centre	6	3.0
Total	200	100.0

Discussion

Maternal mortality is an important issue that must not be overlooked in the rural areas where there is little or no healthcare provider. Rural areas are areas that are interior such that there is no government presence, no structural infrastructure and no basic amenities. Awareness never gets to these women in these rural communities and villages across the Niger Delta State. The study revealed that most of the participants were between 35-39 years of age and 64.5% of them had secondary level of education. Most (81.0%) of the respondents have no awareness of the causes of maternal mortality and this could be a reason while there is still high maternal death in the rural areas across the South-South. The study revealed that 65% of the respondents attested that neither the government nor NGOs organise any enlightenment campaign on maternal mortality and this is probably there is shortage of healthcare provider. Enlightenment campaign would have helped and reduced the incidence of high mortality rate observed in the rural areas. Enlightenment campaign would have let the rural women know the star causes of maternal mortality and how to avoid it. Again, 62.0% of the respondents said there is no presence of Primary Healthcare Centre (PHC) in most of the rural areas and this could also contribute to the high maternal mortality rate in the rural areas. Primary Healthcare Centre is the first and the closest health institution in the rural areas. Primary Healthcare Centre is responsible to render healthcare services to the people. Vital information concerning maternal mortality is always given by healthcare provider in this health facility but it is absent in these rural areas now exposed these women of reproductive age to maternal death. Primary Healthcare Centre is a facility that was established to bring healthcare service to the rural areas but government have failed to provide this facility to the rural areas.

The study also reveals that 62.0% of the respondents agreed that they have interest in seeking the service of healthcare provider but because there is no healthcare facility they are stranded and have no option than to seek an alternative source of health services around their neighborhood and 97.0% of them who reside in the rural areas have never given birth in hospital. This scenario will give room to maternal mortality.

Conclusion

Awareness about the causes of maternal mortality must be taken to the rural areas to avoid rising incidence of maternal mortality among young women of reproductive age. The study shows that majority of the who are in their reproductive age have no awareness about the causes of maternal mortality. The study also revealed that there is no primary healthcare centre despite that they are interested in seeking service of healthcare provider.

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