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COMMUNITY AND SOCIAL DEVELOPMENT (CSDP'S) HEALTH PROJECTS ON MATERNAL MORTALITY IN SOME SELECTED RURAL COMMUNITIES OF SOUTHEAST NIGERIA

(AN ASSESSMENT)

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ABSTRACT

The study examined the activities of International Donor Intervention on the wellbeing of the rural dwellers in Nigeria through Community and Social Development Agencies in the South East States from (2010-2019). The objective of the study was to examine international donor intervention on the development of the health sector of the Nigerian economy with particular emphasis on the Community and Social Development Health Projects in the South East States of Nigeria. The objectives were developed into a hypothesis. The research work has both theoretical and empirical significance. Empirically, the study offers an insight into the factors that are affecting the implementation of CSDP projects in rural communities in the South East and by extension other Geo-Political Zones in Nigeria. Theoretically, the findings of the research will go a long way in educating readers on the impact of international donor interventions on development in Nigeria. It will also be beneficial to students and other researchers as information contained in this work will help widen their knowledge and serve as a stepping stone for further researches. A survey and content Analytical Approach were adopted to elicit data for the study. A multi-stage sampling technique was used to select respondents. The primary data were analyzed using Z-test to measure the relationship between the variables. The findings revealed that CSDP health infrastructures positively impacted maternal health which is associated with significant reductions in maternal mortality. Given these targeted impacts, it is important to channel more donor assistance to the promotion of reproductive health and the urgent need for health systems improvement and interventions to accelerate reductions in maternal mortality.

KEYWORDS

Maternal mortality, Social development, Health project, South East.

1. INTRODUCTION

Debates concerning the effectiveness of aid enhancing development outcomes have been inconclusive (Tilburg, 2015). Aid critics (Easterly, 2006; Moyo, 2009; winters, 2010) maintain that billions of dollars have been transferred to poor economies with the aim of improving living conditions, but the results have always been catastrophic, leaving more than a billion people still living in abject poverty. Despite these concerted efforts, there has been limited academic research on the links between foreign aid and maternal mortality reduction in low- and middle-income countries (LMICs) (Taylor, Hayman, Crawford, Jeffery, & Smith, 2013). In the case of aid committed to maternal health, the Muskoka Initiative on Maternal, Newborn and Child Health (MNCH) was one such commitment adopted at the G8 summit in 2010. Muskoka initiative saw a commitment of US$7.3 billion through 2015 to improve maternal and child health in the world's poorest countries and to contribute to the achievement of Goal 5 of the Millennium Development Goals (MDGs). The presumption that aid can combat maternal mortality, however, seemed to be based on limited evidence, and this relationship has rarely featured in the global health research agenda. Given the Muskoka commitments, and support for the MDGs and Sustainable Development Goals (SDGs), over the past decade, the donor community has committed sizeable financial resources to the reduction of maternal deaths in developing countries. Between 1990 and 2017 an estimated US$11.6 billion has been invested in maternal health (Institute for Health Metrics and Evaluation [IHME], 2018). Yet, high levels of maternal mortality are still prevalent in many parts of the world. It is estimated that in 2015, 99% (302,000) of maternal deaths were recorded in LMICs and just 1% in developed regions of the world (WHO, 2015).

Nigeria though in recent discuss regarded as the most populated black nation in the globe and the largest economy in Africa is saddled with loads of challenges especially infrastructural deficit particularly in the rural areas where more than 50% of its population resides[International Fund for Agricultural Development] (IFAD, 2011).Lack and decay of infrastructures particularly in rural communities in Nigeria is at an extremely and unbelievable high level that cannot be imagined in the 21stcentury under normal circumstances. It is generally admitted that high percentage of rural dwellers still lack access to social infrastructure. Most rural dwellers are illiterate peasant farmers and still lack access to primary healthcare facilities, portable water supply etc.

Acknowledge ably, international development assistance has played an apparent role in combating this development challenge, it is important to assess the evidence of aid's efficacy in reducing maternal mortality. Thus, this study examines the impact of international donor intervention of the CSDP on maternal mortality in the rural communities of the south eastern states of Nigeria.

The overall aim of the study was to examine the effect of international donor intervention on the development of the health sector of the Nigerian rural dwellers with particular emphasis on the Community and Social Development Projects in the South East States of Nigeria. The specific objectives of the study were to:

1. Determine the effect of CSDP health micro projects on the maternal mortality rate of the rural communities in the sampled communities of the South East States.

2. To ascertain if financial cost of obtaining healthcare through health centers is reduced due to CSDP intervention programme

3. To determine if CSDP health projects have reduced the patronage of traditional birth attendants due to availability of antennal and post-natal care in the health centers provided by CSDP

Hypotheses

H_0: CSDP micro projects on health have a positive relationship with the maternal mortality rate of the rural communities in the selected South East States.

H_1: CSDP micro projects on health have no significant relationship with the maternal mortality rate of the rural communities in the selected South East States.

2. CONCEPTUAL CLARIFICATION

Previous foreign aid research has focused on economic development and poverty reduction, with mixed results. For example, Arndt, Jones, and Tarp (2015), Bornschier, Chase-Dunn, and Robinson (1978), and Hansen and Tarp (2001) all show that foreign aid has a positive impact on economic growth. In contrast, Annen and Kosempel (2009), Durbarry, Gemmel, and Greenaway (1998), and Easterly (2003) show that foreign aid has no impact on economic growth. Ekanayake, Cookman, and Chatrna's (2010) study on the effect of foreign aid in developing countries also shows that there is no impact. Given the complex relationship between health and development, there is an interest in exploring how investments in people's overall health in a country contribute to its economic development. It is argued that if the productive workforce is healthy, they can work meaningfully towards higher productivity, which translates into higher economic growth and development.

Concept of Maternal Mortality

The WHO defines maternal death as 'the 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' (WHO, 2010, p. 156). The causes of maternal death according to the WHO can be direct or indirect. Direct causes are those resulting from complications of the pregnant state, from interventions, omissions, or incorrect treatment, or from a chain of events resulting from any of the above. Indirect causes are those not due to direct obstetric causes.

Evidence suggests that most developing countries were not able to meet the targets of the health-related MDGs of reducing the maternal mortality ratio (MMR) by 75% between 1990 and 2015 (WHO, 2015). Indeed, by 2015, the WHO reported an estimated decline in the global MMR of 45% in that period to 210 deaths per 100,0000 live births, far short of the 75% reduction goal. Following the MDGs, the SDGs set a target of lowering the MMR to 70 per 100,000 live births, as part of SDG 3's goal to 'Ensure healthy lives and promote wellbeing for all at all ages'. To this end, several donor countries have pledged to increase funding to the countries with the poorest health indicators with the aim of reducing maternal mortality levels in those countries (Proulx, Ruckert, & Labonté, 2017).

These studies provided important empirical evidence on the effect of foreign aid on development outcomes, (Kotsadam, Østby, Rustad, Tollefsen, & Urdal, 2018) examined the impact of foreign aid on health outcomes such as mortality. Early studies point to adverse effect of aid on mortality and health outcomes, especially in the case where aid increases the indebtedness of recipient countries (Bradshaw, Noonan, Gash, & Sershen 1993; Sell and Kunitz 1986). Shen and Williamson (1999) find that greater indebtedness—in some cases aid-related—indirectly increases maternal mortality, but

conclude their study with a rallying call to donors, arguing: 'It is likely that even a modest increase in aid could substantially improve maternal mortality rates if it were spent on improving the access of poor women to health services' (p. 211). More recent studies on the impact of foreign aid on mortality have focused on infant or child mortality (Burguet & Soto, 2012; Kotsadam et al. 2018; Mishra & Newhouse, 2009; Pandolfelli, Shandra, & Tyagi, 2014; Winkleman & Adams, 2017). Like the economic literature, empirical evidence suggests that the effects of foreign aid on mortality are inconclusive. Many studies highlight the inefficacy or negative effects of aid. For example, Williamson (2008) finds that foreign aid is ineffective in improving overall health. Likewise, Pandolfelli et al. (2014) find that IMF loans and structural adjustment contribute to higher maternal mortality in Sub-Saharan Africa. These hurtful effects of structural adjustment on child and maternal mortality were also echoed by Thomson, Kentikelenis, and Stubbs (2017). Powell-Johnson, Borghi, Mueller, Patouillard, and Mills (2006) also find a positive relationship between mortality and Official Development Assistance (ODA). Other research is mixed: Mishra and Newhouse (2009) showed that total overall aid had no impact on infant mortality, while health aid reduced mortality levels. Still other studies find beneficial effects of aid on mortality rates: Kotsadam et al. (2018) show that aid programming reduces infant mortality for marginalized communities, while Yogo and Mallaye (2015) demonstrate that increased health aid is linked to significant decreases in child mortality. While some studies touched on aid's effect on maternal mortality, there has been a conjuctive effort to track aid spending in this area. Greco, Powell-Jackson, Borghi, and Mills (2008) tracked the flow of health-related aid from 2003 through 2006 and found that aid to maternal health did not always go to the most affected countries. This tracking was part of a series of Lancet articles which mapped ODA spending on maternal health but did not analyze its effects on maternal mortality. The studies of (Arregoces et al., 2015; Grollman et. al, 2017; Hsu, Pitt, Greco, Berman, & Mills, 2012; Powell-Johnson et al., 2006) according to them provided a strong basis upon which to examine the effects of the flow of aid to maternal health. Considering the significant international attention paid to the maternal mortality issue by the international community and donor agencies in recent years, the relative absence of empirical evidence linking aid and reduced mortality is surprising. This study aims to provide some of this evidence and examine the impact of the community and social development CSDP projects so far on maternal mortality of some selected rural communities of the south east Nigeria. This evidence is important, not only to better understand the health effects of aid, but also to expand the growing literatures linking aid to gender equality outcomes (Grown, Addison, & Tarp, 2016; Pickbourn & Ndikumana, 2016; Tiessen, 2015).

3. Materials and Methods

This research adopted the survey research design. The study made use of primary data as opinions were sourced using structured questionnaire.Various literary documents and publications was used for secondary data. A basic sample size of 427 was drawn from a population of 3,328,999 residents of the selected senatorial zones of the region using online sample size calculator advanced by Wimmer and Dominick (2013) with confidence level of 95%, for the selection of a manageable and representative sample size that would produce valid results because of the largeness of the population (3,328,999) from the three senatorial zones in the three sample states.

Descriptive and Inferential statistical tools were used to analyze the data. The descriptive statistics include: tables, simple percentages, while the Z-test statistics was used to determine the strength of association between the independent and the dependent variables (Health micro projects and

maternal mortality level in the south east Nigeria) and the independent variables of (International donor intervention on the activities of Community and social development projects CSDPs) in the South East States with the help of a computer programme, statistical package for social sciences (SPSS 20).

DATA PRESENTATION AND ANALYSIS

Data collected for the study were analyzed, and findings interpreted in line with the objectives of the study. The data analysis was segmented into two main parts. The first part analyzed the views of the respondents with regards to the research questions of this study. The second part was utilized for testing the hypotheses formulated for this study.

RESULTS AND DISCUSSIONS

The demographic characteristics of the respondents are presented in Table 1. The Table revealed that 50.6% of the respondents were females, while 49.4% were males. The implication is that though the opinion of both sexes was sampled, but females predominated. The results shows that greater proportion (40%) of the respondents were below the age of 50 years and 63-75. While 21.7% were within the ages of 50-62 years and 1.2% were above 76 years of age. This implies that most of the respondents, mainly middle aged people and the elderly permanently reside in their rural communities. The table also revealed that 12.3 percent of the total respondents have no formal education, 49.4 percent of the total respondents have primary education. 24.7 percent of the total respondents have secondary education. While 13.6 percent of the total respondents have post-secondary education. Also, 24.7 percent of the total respondents are single. 61.7 percent of the total respondents are married, 12.3 percent of the total respondents are widowed. While 1.2 percent of the total respondents are divorced. The table also revealed that 150 respondents, representing 37 percent of the total respondents are farmers. 200 respondents representing 49.4 percent of the total respondents are traders. While 55 respondents representing 13.6 percent of the total respondents are civil servants.

Table: 2.Descriptive Statistics on the extent CSDP micro projects on health has affected the maternal mortality rate of the rural communities in the selected South East States.

CSDP and health projects	Very Great Extent		Great Extent		Not Sure		Low Extent		Very Low Extent		TOTAL	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Hel1	120	29.6	230	56.8	20	4.9	25	6.2	10	2.5	405	100
Hel2	100	24.7	250	61.7	25	6.2	20	4.9	10	2.5	405	100
Hel3	150	37.0	200	49.4	20	4.9	25	6.2	10	2.5	405	100
Hel4	100	24.7	250	61.7	30	7.4	15	3.7	10	2.5	405	100
Average	118	29.1	233	57.5	24	5.9	20	4.9	10	2.5	405	100

***Source**: Researcher's Field Survey, 2019*

Hel = Reduction of average distance and time of households to health centers provided by CSDP from what it was before the CSDPs

Hel2= The financial cost of obtaining healthcare through the hospital is reduced due to CSDP intervention programme

Hel3 = Availability of accredited health professionals

Hel4 = Reduction in the patronage of traditional birth attendants due to availability of antennal and post-natal care in the health centers provided by CSDP

The analysis in table 4.11 shows that on Hel 1 The average distance and time of households to health centers provided by CSDP has been reduced from what it was before the CSDPs, 120 (29.6%) of the respondents affirmed to a very great extent, 230 (56.8%) affirms to great extent, 20 (4.9%) of the respondents were not sure, while 25 (6.2%) and 10 (2.5%) of the respondents affirms low extent and very low extent. Hel2 The financial cost of obtaining healthcare through the health centers being reduced due to CSDP intervention programme shows that 100 (24.7%) of the respondents affirm to a very great extent, 250 (62.0%) affirms to great extent, 25 (6.2%) of the respondents were not sure, while 20 (4.9%) and 10 (2.5%) of the respondents affirms low extent and very low extent. Hel3 availability of accredited health professionals the in the health centers provided by CSDP shows that 150 (37.0%) of the respondents affirm to a very great extent, 200 (49.4%) affirms to great extent, 20 (4.9%) of the respondents were indifferent, while 25 (6.2%) and 10 (2.5%) of the respondents affirms low extent and very low extent. On Hel 4 Reduction in the patronage of traditional birth attendants due to availability of antennal and post-natal care in the health centers provided by CSDP shows that 100 (24.7%) of the respondents affirm to a very great extent, 250 (61.7%) affirms to great extent, 30 (7.4%) of the respondents were indifferent, while 15 (3.7%) and 10 (2.5%) of the respondents affirms low extent and very low extents.

On the average, 351 (86.7%) of the respondents affirmed to a very great and great extent on the extent CSDP micro projects on health has affected the maternal mortality rate of the rural communities in the selected South East States, 20 (4.9%) and 10 (2.5 %) of respondents affirmed to a low extent and a very low extent. While 24 (5.9%) were in different. This means that CSDP micro projects on health positively affected the child and maternal mortality rate of the rural communities in the selected South East States.

Findings from the study areas, it was revealed by the interviewees that foreign aid is an essential ingredients to the process of development in their locality and an interviewee who was also one of the community leaders stated thus: Not surprisingly, there is a close association between economic development in a country and its rates of maternal mortality. Table 3 highlights this relationship for our sample communities showing that CSDP health projects are likely to have lower rates of mortality.

Table 2: Descriptive Statistics for CSDP Impact on Social and Community Development in the sampled communities before and After CSDP.

Health Sector	Before CSDP	After CSDP	After-Before CSDP
Number of women attending antenatal/postnatal clinic Children Immunized	495 63,000	1,650 210,00	1,155 147,000

Source: *Community and Social Development Programme Office 2019*

The outcome of CSDP on the sampled communities is shown in Table 4... There was also an appreciable increase in the number of women attending antenatal/ postnatal clinic as well as the number of children immunized 495 and 63,000 to 1,650 and 210,000 respectively.

World Bank as donor agency of foreign aid through the CSDP to Nigeria, its top priority is to significantly reduce rates of maternal mortality rates in Nigeria. However, World Bank has contributed a lot in Nigerian health sector with support of Ministry of Health. These comprise; delivering essential lifesaving health services to people, gathering and analyzing health information to guide actions, preparing for and responding to disease outbreaks and coordinating the Health Sector together with the Government of Nigeria. Moreover, WHO has supported the Nigerian Ministry of Health in developing the overall Health Sector response strategy, Vaccinated more than 60, 000, 000 children against measles annually (WHO, 2016). And even larger measles campaign is planned for more, Vaccinated 40 million children in Nigeria through the Global Polio Eradication Initiative supporting the Government of Nigeria, with more vaccinations planned, Rapidly expanded and strengthened communicable disease detection and Construction, rehabilitation and equipment of Health centers (Figure 1) response to more than 360 health facilities, Conducted a rapid health facility assessment in 359 health facilities to understand the health needs and Supported 24 mobile health teams spread across 774 local government areas (WHO, 2016)

Figure 1

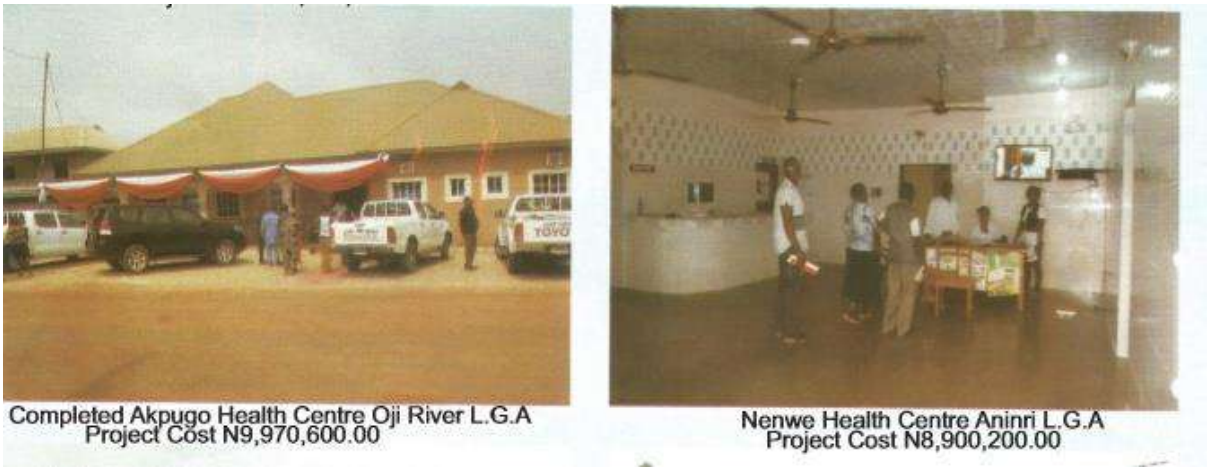

Table: 3: Z- Test on CSDP health project and rural community development

Table: 3: Z- Test on CSDP health project and rural community development

CSDP micro projects on health impact on the maternal mortality rate of the rural communities		
N		405
Normal Parameters[a,b]	Mean	4.0593
	Std. Deviation	.87679
Most Extreme Differences	Absolute	.340
	Positive	.236
	Negative	-.340
Kolmogorov-Smirnov Z		6.837
Asymp. Sig. (2-tailed)		.000

a. Test distribution is Normal

Decision Rule

If calculated Z-value is greater than the critical Z-value (ie $Z_{cal} \geq Z_{critical}$), reject the null hypothesis and accept the alternate hypothesis accordingly.

Result

With Kolmogoro- Smirnon Z-value of 6.837 and Asymp. Significance of 0.000, the responses from the respondents and displayed in the table is normally distributed. This affirms the assertion that CSDP micro projects on health has to great extent impacted on the maternal mortality rate of the rural communities in the selected South East States.

Decision

Furthermore, comparing the calculated Z-value of 6.837 against the critical Z- value of 1.96 (2 tailed test at 95% level of confidence) the null hypothesis was rejected. Thus the alternate hypothesis was accepted which states that CSDP micro projects on health have significantly impacted on the maternal mortality rate of the rural communities in the selected South East States.

Summary of Findings

CSDP micro projects on health exhibited a significant impact on the maternal mortality of the rural dwellers in the South East States [the calculated Z- value (6.837) was higher than the critical Z-value (1.96) and the p-value (0.000 < 0.05)].

CONCLUSION

The study has once again justified the capacity of community driven development (CDD) interventions to exclude rural dweller from poverty and get them included into the mainstream of economic and social development. Given the challenges of under-development in rural south east states Nigeria, CSDP drew significant donor attention to the issue of maternal mortality and encouraged an intensification of efforts towards supporting recipient communities and the country in achieving MDG 5 and reducing the burden of maternal mortality. These efforts now continue under the SDG framework. Our results suggest that this international agenda-setting exercise is not without merit. Foreign aid narrowly focused on issues of reproductive and maternal health is strongly associated with declining maternal mortality. As the implementation of the post-2015 agenda continues to unfold, these results suggest that the international community would do well to continue to invest its development assistance resources in ongoing efforts to counter maternal mortality wherever it remains a significant threat to women's lives.

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References

Bancahani E. & Liam S.(2019)The impact of foreign aid on maternal mortality. *United nations University world institute for development Economic research wider. Un. edu*

Bradshaw, Y. W., Noonan, R., Gash, L., & Sershen, C. B. (1993). Borrowing against the future: Children and third world indebtedness. Social Forces, 71(3), 629-656.

Burguet, R., & Soto, M. (2012). Measuring the child mortality impact of official aid for fighting infectious diseases, 2000–2010. Barcelona, Spain: Institute for Economic Analysis (CSIC) and Barcelona GSE.

Easterly, W. (2006). The White Man's Burden. New York, USA: Penguin..

Federal Ministry of Health FMOH/NPC. National Demographic and Health Survey. Abuja: National Population Commission; 2004.

Gilda S, Henshaw S, Susheela S. Induced abortion: estimated rates and trends worldwide. Lancet. 2007;370(9595):1338–45.

Grown, C., Addison, T., & Tarp, F. (2016). Aid for gender equality and development: Lessons and challenges. Journal of International Development, 28(3), 311-319.

Institute for Health Metrics and Evaluation (IHME). (2018). Financing global health 2017: Funding universal health coverage and the unfinished HIV/AIDS agenda. Seattle, USA: Institute for Health Metrics and Evaluation.

Kotsadam, A., Østby, G., Rustad, S. A., Tollefsen, A. F., & Urdal, H. (2018). Development aid and infant mortality. Micro-level evidence from Nigeria. World Development, 105, 59-69.

Mishra, P., & Newhouse, D. (2009). Does health aid matter? Journal of Health Economics, 28(4), 855872.

Pandolfelli, L. E., Shandra, J., & Tyagi, J. (2014). The International Monetary Fund, structural adjustment, and women's health: A cross-national analysis of maternal mortality in SubSaharan Africa. The Sociological Quarterly, 55(1), 119-142.

Pickbourn, L., & Ndikumana, L. (2016). The impact of the sectoral allocation of foreign aid on gender inequality. Journal of International Development, 28(3), 396-411.

Powell-Johnson, T., Borghi, J., Mueller, D. H., Patouillard, E., & Mills, A. (2006). Countdown to 2015: Tracking donor assistance to maternal, newborn, and child health. Lancet, 368, 10771087.

Sell, R., & Kunitz, S. (1986). The debt crisis and the end of an era in mortality decline. Studies in Comparative International Development, 21, 3-30.

Shen, C., & Williamson, J. B. (1999). Maternal mortality, women's status, and economic dependency in less developed countries: A cross-national analysis. Social Science & Medicine, 49(2), 197-214.

Taylor, E. M., Hayman, R., Crawford, F., Jeffery, P., & Smith, J. (2013) The impact of official development aid on maternal and reproductive health outcomes: a systematic review. PLOS ONE, 8(2), e56271. DOI: 10.1371/journal.pone.0056271

United Nations (UN), World health organization (WHO) and World Bank partner to combat maternal mortality. The World Bank group news release no.2000/080/S.

WHO (2015). Trends in maternal mortality: 1990 to 2015. WHO, UNICEF, UNFPA and The World Bank estimates. Geneva, Switzerland: World Health Organization.

Williamson, R. C. (2008). Foreign aid and human development: The impact of foreign aid to the health sector. Southern Economic Journal, 75(1), 188-207.

Winkleman, T. F., & Adams, G. B. (2017). An empirical assessment of the relationship between official development aid and child mortality, 2000–2015. International Journal of Public Health, 62(2), 231-240.

World Health Organization. Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank and the United Nations Population Division. Geneva, Switzerland: World Health Organization; 2015. Available at: http://www.who.int/reproductivehealth/publications/ monitoring/maternal-mortality-2015/en/. Accessed 24 september 2019.

Yogo, U. T., & Mallaye, D. (2015). Health aid and health improvement in Sub-Saharan Africa: Accounting for the heterogeneity between stable states and post-conflict states. Journal of International Development, 27(7), 1178-1196.