Socio-Economic Factor As Determinant of Maternal Mortality Among Women of CHILD Bearing Age in EPE Local Government Area

OSIBOYE OLUDARE

SCHOOL OF SCIENCE TAI SOLARIN COLLEGE OF EDUCATION, OMU-IJEBU OGUN STATE, NIGERIA.

ABSTRACT This study investigated the socioeconomic factors as determinant of maternal mortality among women of child bearing age in Epe Local Government Area of Lagos State. The researcher raised six hypotheses to guide the study. Descriptive survey research design was employed with the simple random technique in obtaining data from five primary health centers. In analyzing the collected data Chi Square statistical tool was employed at 0.05 level of significance. The research therefore concluded that socioeconomic factor will significantly affect maternal mortality among women of child bearing age in Epe Local Government Area of Lagos state. Based on the result of the analyses, the researcher recommended that saving women's lives demand challenging the harmful social biases that drastically limit women's choice and deter, health care providers and policy makers from comprehensively accessing evidence based maternal health care at all times.

Introduction

Maternal health is the care rendered to women of child bearing age within the period of pregnancy and after. Since pregnancy constitutes a health risk that applied only to women, steps should be taken to reduce the risk by changing customs, providing education and offering care delivery.

Maternal mortality is a particularly sensitive indicator of inequality. The WHO and UNICEF have called it a litmus test of the status of women; their access to health care, and the adequacy of the health care system in responding to their needs. The ramifications of the status of women are so far reaching that it may be that "Nothing will really change in as much as maternal mortality is concerned until attitude towards women change and people are sufficiently motivated to improve their living conditions". Information about the levels and trends of maternal mortality is needed not only for what it tells us about the risks of pregnancy and childbirth, but also for what it implies about women's health in general and their social and economic status. Thus maternal mortality is not merely a "health disadvantage" it is also a "social disadvantage" WHO-UFA consultation (2010).

Women with more than four children (multiparous) and those who start childbearing before they are 10years are most likely at risk of complication linked with pregnancy. In some countries of the worlds, maternal decimation is as a result of early marriage which leads to early pregnancy without resting the reproductive organs, lack of family planning information or services, religion, taboos, customs, poverty and lack of education.

Socioeconomic factors undoubtedly play a large role in maternal deaths, but although many of the exact mechanisms are still obscure. Poverty is clearly a high risk factor (Azimi & Loffi 2011). It is also known that poor women are less likely to have formal education than wealthy women, and are less likely to be in good health and to seek or receive medical care.

Although maternal deaths in Nigeria are due to complication of pregnancy and delivery, it is the social context under which these pregnancies occur that pave the way for these deaths Cedars-Sinai (2005). In the first place, many women become pregnant in Nigeria when they are not ready for childbearing either because they are still too young, or have had too many children already, or are too old to become pregnant. Ordinarily, such women should use family planning to space or delay child bearing, but unfortunately they do not. According to the Nigerian Demographic and Health Survey, the contraceptive prevalence rate in Nigeria (proportion of women using effective method of contraception) is only 6 percent. (National Planning Commission, 2000). Factors associated with the low use of contraception in Nigeria include low availability of contraceptives in public health institutions, inaccurate perception of the effects of contraceptives, pervading cultural and religious beliefs and poor access of women to contraceptives (National Planning Commission, 2000).

The low contraceptive prevalence rate in Nigeria is associated with high rates of unsafe and induced abortion (Jain & Ross, 2012). Estimates indicate that up to 60 percent of pregnancies in Nigerian adolescents aged 15-25 years are unwanted and unplanned, with 80 percent of women with such pregnancies resorting to unsafe and illegal abortion (Garenne, 2011). As a result of the restrictive abortion law in the country, women often use dangerous method to procure abortion, with high rates of complication, which often result in death. A survey conducted in 2002 in 8 states of Nigeria among women aged 15-49 years, showed that up to 25 percent of women who reported having had an abortion had experienced series of medical complications, and that one in five women were in their second trimester of pregnancy (Bankole, 2006).

Objective of the Study

The main objective of the study is to investigate the socio-economic factor as determinant of maternal mortality among women of child bearing age in Epe Local Government Area:

1. To determine the socio factor as determinant of maternal mortality among women of child bearing age in Epe LGA.

2. To determine the economic factor as determinant of maternal mortality among women of child bearing age in

Epe LGA.

Research Questions

1. Will religion have impact on the socio-economic factor as determinant of maternal mortality among women of child bearing age?

2. Will spouse unemployment have any effect on the socio-economic factors affecting maternal mortality?

3. Will illiteracy have impact on the socio-economic factor as determinant of maternal mortality among women of child bearing age?

4. Will number of family member have any impact on the socio-economic factor of maternal mortality?

5. Will change in government have any effect on the socio-economic determinant of maternal mortality among women of child bearing age?

6. Will location of health facilities have any impact on the socio-economic determinant of maternal mortality among women of child bearing age?

Research Hypotheses

1. The people's religion will not have any significant effect on the socio-economic factor as determinant of maternal mortality among women of child bearing age?

2. Unemployment of the spouse will not have any significant effect on the socio-economic factors of maternal mortality?

3. Illiteracy of the people will have no significant on effect the socio-economic factors as determinant of maternal mortality among women of child bearing age?

4. Number of the family members will not have any significant effect on the socio-economic factor of maternal mortality?

5. Change in government will not have any significant effect on the socio-economic determinant maternal mortality among women of child bearing age?

6. Distance of location to health facilities will not have impact on the socio economic determinant of maternal mortality among women of child bearing age.

Population of the Study

The population of this study consists of women of child bearing age attending Epe maternal center (antenatal and postnatal) under Epe LGA.

Sample and Sampling Procedure

Simple random sampling technique was used to select 5 out of the 17, Primary Health Centre (PHC) draw the sample size for which resulted in the selection of 300 women of child bearing age in the neonatal and antenatal department. The PHC selected are:

1. Papa P.H.C.   60

2. Epe P.H.C.   60

3. Ilara P.H.C.   60

4. Eredo P.H.C.   60

5. Itokin P.H.C.   60

Total   300

Research Instrument

The instrument involve in collecting the data was structured questionnaire. The questionnaire was put together by the researcher.

Section A contains information about the demographic information about the respondent while Section B focus on 18 questions relating to research topic being examined.

Validity and reLabilitY of instrument

3 experts one in measurement and evaluation, one in Health Education and the other in Science Education face validated the instrument for a test-retest estimate of 0.72 was obtained from Primary Health Centres in Ijebu-Ode Local Government Area of Ogun State. The interval between test and retest was two weeks.

Data Collection

The 5 PHC – Primary Health Center were visited, the questionnaire was administered to the respondents and was collected after the question were responded to.

Data Analysis

The data collected from the respondents during the research process was analysed using the simple percentage for the demographic data while inferential statistics of chi-square (x^2) was used to test the hypotheses at 0.05 level of significance.

Test of research hypotheses

Hypothesis by hypothesis presentation interpretation are as follows: Hypothesis one states that the religion of the people will not have any significant on the socio-economic factors as determinant of maternal mortality among women of child bearing age.

Table 1: Chi-square summary table for the tested hypothesis one

Group	SA	A	SD	D	Total
Q1	184	54	22	40	300
Q2	77	112	70	41	300
Q3	120	51	65	64	300
Total	381	217	157	145	900
Average	127	72.33	52.33	48.34	300
Observed	127	72.33	52	48	300

Table 1.1

Response	Frequency	%	Df	Tab val	Cal Val	Remark
SA	127	42.33				
A	72	24				
D	52	17.33				
SD	48	16	3	7.82	52.94	Rejected
Total	300	100%				

The above table 1 showed that respondents representing 42.33% of the sample population strongly agreed with the statement under the hypotheses, respondents representing 24% of the sampled population agreed, 17.33% disagreed while respondents representing 16% strongly disagreed. Meanwhile, the Chi square analysis showed a calculated value 52.94 while table value was 7.82 at a degree of freedom of 3. The calculated Chi square value was greater than the table value which shows a significant difference

and thus the hypotheses was rejected.

Hypothesis 2: Unemployment of the spouse will not have any significant on the effect of socio factors of maternal mortality.

Table 2: Chi-square summary table for the tested hypothesis two

Group	SA	A	SD	D	Total
Q1	131	62	65	42	300
Q2	62	130	73	35	300
Q3	93	76	79	52	300
Total	286	268	217	129	900
Average	95.33	89.33	72.33	44	300
Observed	195	89	72	44	300

Table 2.1

Response	Frequency	%	Df	Tab val	Cal Val	Remark
SA	95	32.67%				
A	89	29.67%				
D	72	24%	3	7.82	20.87	Rejected
SD	44	14.67%				
Total	300	100%				

The above table 2 showed that respondents representing 32.67% of the sample population strongly agreed with the statement under the hypotheses, respondents representing. 29.67% of the sampled population agreed, 24% disagreed while respondents representing 14.67% strongly disagreed. Meanwhile, the chi square analysis showed a calculated value 20.87 while table value was 782 at a degree of freedom of 3. The calculated chi square value was greater than the table value which shows a significant difference and thus the hypotheses was rejected.

Hypothesis 3: Illiteracy of the people will not have any significant on the socio-economic factors as determinant of maternal mortality among women of child bearing age.

Table 3: Chi-square summary table for the tested hypothesis three

Group	SA	A	SD	D	Total
Q1	58	40	96	106	300
Q2	61	121	85	33	300
Q3	96	73	72	59	300
Total	215	234	253	981	900
Average	717	78	83.33	60	300
Observed	72	78	84	60	300

Table 3.1

Response	Frequency	%	Df	Tab val	Cal Val	Remark
SA	72	24%				
A	78	26%				
D	83	28%	3	7.82	2.4	Rejected
SD	66	22%				
Total	300	100%				

The above table 3 showed that respondents representing 24% of the sample population strongly agreed with the statement under the hypotheses, respondents representing 26% of the sampled population agreed, 28% disagreed while respondents representing 22% strongly disagreed. Meanwhile, the chi square analysis showed a calculated value 2.4 while table value was 782 at a degree of freedom of 3. The calculated chi square value was greater

than the table value which shows a significant different and thus the hypotheses was rejected.

Hypothesis 4: Number of family member will not have any significant on the economic factors of maternal mortality.

Table 4: Chi-square summary table for the tested hypothesis four

Group	SA	A	SD	D	Total
Q1	199	31	43	27	300
Q2	36	131	87	46	300
Q3	85	68	89	78	300
Total	2320	230	199	151	900
Average	106.77	76.67	66.33	50.33	300
Observed	107	77	66	50	300

Table 4.1

Response	Frequency	%	Df	Tab val	Cal Val	Remark
SA	107	35.7%				
A	77	25.7%				
D	66	22	3	7.82	23.1	Rejected
SD	50	16.7%				
Total	300	100%				

The above table 4 showed that respondents representing 35.7% of the sample population strongly agreed, 25.7% of the sampled population agreed and 22% disagreed while respondents representing 16.7% strongly disagreed. Meanwhile, the chi square analysis showed a calculated value 23.1 while table value was 7,82 at a degree of freedom of 3. The calculated chi square value was greater than the table value which shows a significant different and thus the hypotheses was rejected.

Hypothesis 5: Change in government will not have any significant on the economic determinant of maternal mortality among women of child bearing age.

Table 5: Chi-square summary table for the tested hypothesis five

Group	SA	A	SD	D	Total
Q1	187	45	38	30	300
Q2	57	120	85	38	300
Q3	74	71	82	73	300
Total	318	236	205	141	900
Average	106	78.67	68.33	47	300
Observed	106	79	68	47	300

Table 5.1

Response	Frequency	%	Df	Tab val	Cal Val	Remark
SA	106	35.3%				
A	79	26.3%				
D	68	22.7%	3	7.83	24.1	Rejected
SD	47	15.7%				
Total	300	100%				

The above table 5 showed that respondents representing 35.3% of the sample population strongly agreed, 26.3% of the sampled population agreed and 22.7% disagreed while respondents representing 15.7% strongly disagreed. Meanwhile, the chi square analysis showed a calculated value 24.1 while table value was 7.83 at a degree of freedom of 3. The calculated chi square value was greater than the table value which shows a significant difference and thus the hypotheses was rejected.

Hypothesis 6: Location of health facilities will not have any significant on the determinant of maternal mortality of women of child bearing age.

Table 6: Chi-square summary table for the tested hypothesis six

Group	SA	A	SD	D	Total
Q1	185	45	32	40	300
Q2	58	123	70	49	300
Q3	60	81	80	79	300
Total	301	249	182	168	900
Average	100.33	83	60.67	56	300
Observed	10	83	61	56	300

Table 6.1

Response	Frequency	%	Df	Tab val	Cal Val	Remark
SA	100	33.3%				
A	83	27.7%				
D	61	20.3%	3	7.82	16.6	Rejected
SD	56	18.7%				
Total	300	100%				

Summary

A key component of this work involves examining the attitudes and behaviors of health care providers, which often reflect dominant cultural norms and gender attitudes, some of which can be discriminatory towards girls and women. Saving women's lives demands challenging harmful social biases that drastically limit women's choices and that deter husbands, fathers, health care providers and policymakers from investing in girls and women. Transforming these attitudes and behaviors requires working not only with women, but also with men and boys to demonstrate the benefits that gender equality brings to families and communities. At the same time, because maternal health is intricately tied to women's social and economic status, investments in girls' and women's education and empowerment are critical for averting maternal deaths.

Conclusion

Maternal mortality in Epe Local Government Area of Lagos State has been a health problem causing loss of lives of mothers and babies. Maternal mortality has its negative consequences and it is something that must be fought at all cost because it is indeed a great injustice for someone to lose her life in a bid to bring another life to the world.

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