**Global Journal of Applied, Management and Social Sciences (GOJAMSS); Vol.25, February 2023; P.29 – 36 (ISSN: 2276 – 9013)**

# ACCESS TO MATERNAL HEALTHCARE SERVICES AMONG RURAL PREGNANT WOMEN IN BENUE STATE, NIGERIA

**MARY, ERDOO UYA PhD*, JOHN UYA**, CELESTINA AKPOUGHUL*, MEMBER NYAJO* & JOSEPHINE MEMBER ORAGBAI***

*Department of Sociology
Benue State University, Makurdi

Correspondence author: **Mary, Erdoo Uya PhD**
Uyamary1@gmail.com
**+2347030875276**
**** Department of Pharmacology
Benue State University, Makurdi

**ABSTRACT**

*The health of rural pregnant women is very important because, it will enable them to go safely through pregnancy and child birth and provide couples with the best chance of having healthy infants. However, in many cases, rural pregnant women are faced with the challenges of utilizing maternal health care services, they instead adopt certain strategies to cope with these challenges. This study examined the coping strategies and utilization of maternal healthcare services among rural pregnant women in Benue State, Nigeria. A total of 348 respondents were selected using multistage sampling technique. Data were collected with the use of Focus Group Discussion and Key Informant instruments and analyzed using content analysis. Findings from the study revealed that; the factors affecting the utilization of maternal health care services in the area were; poverty, level of education, socio-economic status, availability and accessibility of the care, cultural and religious beliefs, quality of care among others, the effects of the non utilization of maternal health care on the health of women were; maternal mortality, pregnancy complications, lower productivity among others. The study concluded that, the programmes that are targeted towards improving access and utilization of maternal healthcare services especially for women with low level of education and those that come from a very low economic background will be of high benefits to women in Nigeria particularly in Benue State and the society in general. The study recommends mass education of women, provision of affordable and accessible maternal health care services, elaborate poverty reduction programmes, reducing cost of care among others could enhance the usage of maternal health care services in Benue State.*

## Introduction

The health of rural pregnant women is very important because, it will enable them to go safely through pregnancy and child birth and provide couples with the best chance of having healthy infants. Maternal morbidity and mortality is a major health problem affecting developing countries. Throughout the world, birth of a new born is always a thing of joy and a monumental event for the mother of the new born. However, recent happening in the area of maternal health care are turning pregnancy to anxiety and restless period for the family of expectant women. Currently, health related conditions affecting pregnant women are threatening the joy associated with child birth. Maternal mortality is the most important indicator of maternal health and well-being in any country.

World Health Organization (2015) asserted that, worldwide, approximately830women die in a day, due to complications during pregnancy or at the time of childbirth. Though, it is a worldwide phenomenon, it is more profound in developing nations of the world. The lifetime risk of maternal death in developed and high-income countries is 1in3,300 compared to 1 in 160 less developed and low-income countries. According to (CIAWorld Face Book, 2017), in 2015, Netherlands had 7/100,000 live births, Tunisia 62/100,000. United Kingdom 14/100,000, United States 9/100,000, South Africa 128/100,000andSenegal 315/100,000. The high number of maternal deaths in some countries of the world reflects inequalities in access to healthcare services. However, maternal healthcare services are essential for the health well-being of women and for prevention of maternal mortality.

Though, a variety of factors have been identified as being responsible for women's inability to access maternal healthcare services. These factors are divided into two: Direct and indirect factors. The Direct factors include: lack of obstetric care services, such ashemorrhage, eclampsia, sepsis and so on (WHO, 2013) and the indirect factors include: socio-economic factors, cultural beliefs, attitudes of the women, lack of manpower (Adekani, 2009; Ameh, 2010; James, 2010; Godswill, 2013 and Akpenpuun, 2014). 25 However, Millennium Development Goals (MDGs) aimed at improving maternal health with a target of reducing the Maternal Mortality Rate (MMR) by three-fourths quarters between 1990 and 2015. And since the fight for this reduction is a global thing, Nigerian government also aims to reduce the number of deaths by three quarters by 2015, fromthe1990 base line of 1000/100,000 live births in line with the Millennium Development Goals and to have universal access to maternal healthcare by the 2015. With this, efforts had been made by the Nigerian government through the Midwives Service Scheme (MSS) which was designed to address the shortage of skilled birth attendant at primary healthcare level in rural communities in Nigeria. The scheme was launched in 2009 and 4000 midwives have been deployed to 1000 primary healthcare centres to enhance women access to maternal healthcare.

However, in an attempt to address maternal morbidity and mortality in Nigeria, most scholars have emphasized on medical cause. Many of those scholars such as Dyer et al (2002), Adelani (2009), Ogbe (2009) and Asemah et al (2013), these scholars assessed maternal mortality in relation to other factors not in relation to adequate accessibility. However, these researchers are commendable but none has been able to capture the impact of access to maternal healthcare services on maternal mortality reduction in Benue State. This study therefore, examined the coping strategies and utilization of maternal healthcare services among rural pregnant women in Benue State, Nigeria.

## Methodology

This study adopted a cross sectional study design. The study was conducted in the rural areas of Benue State. The target population of this study was married women. A cluster random sampling technique was used in the study. Data for the study was collected using Focus Group Discussion and Key Informant Interview. The analyses was done using content analysis

## Results

The findings of the study were reported as obtained from the FGD and KII

**Maternal health care services in Rural Areas of Benue State**

In the words of one of the discussants aged 25 with 2 children from Mbakuha Council Ward of Ushongo Local Government Area:

> ...When we go for antenatal checkup in our community health centre during pregnancy, they do carry out test on us, after the test, they normally give us advice on what to do and what not to do, they also administer drugs on us through injections. At times we are given tablets or syrups and they as well check the baby's condition such as the baby's position, heartbeat, and weight respectively (FGD, 2016).

Similarly, another discussant who was aged 24 with 3 children from Mbakuha Council Ward of Ushongo Local Government Area said thus:

> Antenatal care services are provided for us by medical personnel such as nurses, community health workers and Doctors. Though, the Doctors are not always available, it is only when they come round or they are called for a particular case. The nurses carry out tests on us such as urine test, blood sample, sugar level test, they check our blood pressure and often give us drugs such as Iron tablets or syrup and tetanus injection. We often pay a token over the drugs and the services or at times we are given prescription to go and buy the drugs. They also give us information on our health well-being, that is, they tell us what we are supposed to do as pregnant women and what we ought not to do. For example, they tell us to eat good food, that is, balanced diet for our well-being and for the baby's well-being. We are often told to do exercise from time-time by trekking or some other activities instead of sitting in one place each day. We are also educated on our personal hygiene and on the importance of living in a clean environment (FGD, 2016).

A key informant from Atikyese council ward of Ushongo Local Government Are a responded on maternal healthcare provision thus:

> Efforts are being made in respect of maternal healthcare and child healthcare in Benue State. In as much as the problem of inadequate healthcare services generally prevails, especially secondary and tertiary healthcare facilities, women are provided with antenatal healthcare services through primary healthcare provision in Local Government Areas of Benue State. For instance, women of child bearing age are provided with the following services: routine checks are carried out at antenatal visits as such blood and urine test to dictate diabetes, blood pressure, is also measured to dictate the problem of high blood pressure (BP), the baby's wellness is also checked. For example, the heartbeat of the baby, the weight, the position of the baby and other complications. The expectant mothers are also given drugs or syrups for blood building to prevent anemia, health talk or counselling is also carried out (KII, 2016).

A discussant from Ibila council ward of Oju local government area responded on delivery care thus:

> …when it is time for us to deliver and we go to the healthcare centre, we normally meet nurses who assist us to deliver our babies. And when there is a problem, they do refer us to General hospital which is bigger and has more specialized facilities than primary healthcare centres. The discussant further exposed that there they do carryout Caesarean Sections on them to remove their babies from the womb (FGD, 2016).

Another discussant responded on postnatal checkup from Mbaapen council ward of Buruku Local Government Area that: ..

> .when we are attending antenatal clinic, the nurses do tell us that when we give birth to our children, and are discharged from the hospital, we should endeavor, to come back to the hospital

> for postnatal checkup, this should be done within three days after giving birth, to check for any problem that might have come after child birth. She further reported that most of them do not go back once they deliver and they feel that there is nothing wrong with them and their babies (FGD, 2016).

This is in line with Nigeria Demographic and Health Survey (NDHS, 2013) which stated that the post-partum period is particularly important for women, because, during this period the women and their babies may develop serious life threatening complications, especially in the interval immediately after delivery. The report further present that maternal and neonatal deaths can occur during the first 48 hours after delivery. Postnatal visit provide an ideal opportunity to educate a new mother on how to care for herself and her new born baby. Furthermore, a 23 years old discussant who had 3 children from Owo council ward of Oju local government area responded on family planning thus:

> Nurses had informed us about family planning which is a conscious effort by a couple to space or limit the number of children they want to have through the use of contraceptive methods. Some of the contraceptives are in the health centre where we do attend antenatal, some you can get them outside the health centre. (FGD, 2016).

Another discussant from the above mentioned council ward of Oju Local Government Area who was aged 25 with 4 children responded on the use of family planning in this way:

> …she is aware of family planning and the contraceptives that can be used, but she is afraid of using any of them because she was told that if you use contraceptives, they will make you to become sick and die (FGD, 2016).

Also a discussant from Utange council ward of Ushongo Local Government Area aged 21 with 2 children responded on the use of family planning thus: …she is willing to use contraceptive for family planning but her husband and her in-laws will not allow her to use it. They believe that if women are allowed to use it, they will misbehave in their marriages by involving in extra marital sexual affairs (FGD, 2016). This is in line with the observations of WHO(2012),as they stressed that in many rural areas in Africa, there had been in opposition to sexual and reproductive health programmes this include the use of contraceptives for the prevention of pregnancy so as to enhance child spacing. They however, suggested that leaders need to dismantle barriers to cultural acceptance of family planning by their positions to educate their constituencies about the need for such planning.

They further explained that as women enter their reproductive years, their need for adequate and accessible healthcare especially family planning becomes acute so as to prevent the problem of maternal morbidity and mortality. This reasoning informed the Federal Government's intensified efforts to ensure that Nigerians have access to contraceptives. Recently, government efforts to meet the unmet need for family planning led to the approval of distribution of free family planning supplies in public health facilities and an increased commitment by reproductive health programmes (FMOH, 2013). From the foregoing, it can be inferred that efforts are being made in the provision of healthcare facilities and healthcare services in the area of maternal healthcare, though there maybe inadequacies, which are suggested by the study that, they should be improved upon so as to tackle the problem of maternal mortality in Nigerian societies and it had been done in developed countries of the world.

**Women Accessibility to Maternal Healthcare Services**

A key informants from Mbaakura Council Ward of Ushongo Local Government Areasaid this on women access to maternal healthcare facilities and services:

> …The national health policy identified primary healthcare as the frame work to achieve or improve healthcare provision for the population. Accordingtothepolicy, a comprehensive healthcare system delivered through PHC centresmust incorporate maternal and child health care, including antenatal, delivery, postnatal and family planning services. This process thus

made women of child bearing age to receive maternal healthcare from the existing PHCCentres (KII, 2016).

Furthermore, one of the discussants from Utange council ward of Ushongo Local Government Area in the same vain maintained that:

> …our community has hospitals. Some of them are owned by government some individuals have them and some are owned by the missionaries. Since they are not too far away from us, we have no problem accessing them especially when we are pregnant and we want to commence antenatal visits. She further stated that there is general hospital in their local government area too, where cases that cannot be handled at these other hospitals are referred to(FGD, 2016).

In a similar response, one of the key Informants from Mbaya council ward of Buruku Local Government Area disclosed thus:

> …women of child bearing age are able to have access to health personnel at PHC as a result of that the government of Nigeria initiated several interventions including the Midwives Service Scheme (MSS). Under the MSS, retired and newly qualified midwives provide services at PHC facilities in underserved communities around the country. This has improved access to skilled birth attendants (KII, 2016).

In the words of a discussant from Okpokpo council ward of Oju Local Government Area:

> …accessing healthcare facilities in our area is not a problem since there are primary healthcare centres that are provided by the government. What we are commending is that the health personnel we access are mostly nurses and midwives, so we feel need doctors especially those trained in the area of maternal care should be employed so as to enhance maternal mortalityreduction. (FGD, 2016).

A discussant from Mbaya council ward of Buruku Local Government Area responded thus:

> …in as much as health facilities especially PHC are located within their environments other health facilities especially tertiary health facilities are not within their reach therefore, they cannot easily access them(FGD, 2016).

Similarly, a discussants from Etulo council ward of Buruku Local Government Area maintained that:

> …we are informed about health facilities where we can go when we are pregnant. They further informed us about what we will receive when we attend antenatal but we do not go to hospital when we are pregnant but we do not go because we are given traditional medicine to drink and we deliver with no problem They stressed that though hospitals are within our reach, we prefer to Traditional Birth Attendants (TBAs) because it is where our mothers use to give birth and have no problem of losing their children or they dying during child birth. They further narrated that even if they are informed of the need to have their babies through Cesarean- Section, they don't always comply with health personnel for the fear of dying during the operation. (FGD, 2016).

This confirmed the words of (NPC and ICF Macro, 2009), as they stated that, attitude toward maternal healthcare can affect maternal mortality reduction. They lamented that attitude toward operative delivery in Nigeria is very low and this has implications for maternal mortality .Every pregnant woman wants to have a baby delivered by herself normally. Even when things go wrong and operation becomes necessary to save their lives, the extent to which some women go to avoid operative delivery is truly astonishing and when they finally agreed on operative delivery, they are made a laughing stock or are made to be ashamed that they did not deliver normally. Still on the attitude and believes, some women feel, once you have given birth through operative delivery, you have lost the chance of giving birth to more children. However, (NDHS, 2013) explained that increasing the percentage of births delivered in health facilities is an important factor in reducing deaths arising from complications of pregnancy. The expectation is that if a complication arises during delivery, a skilled health worker can manage

the complication better than traditional birth attendants, the health care giver may refer the mother to the next level of care.

A discussant in the FGD responded thus:

> In our local government area, we have hospitals that we can easily have access to. Almost all council wards have healthcare centres, some of them are owned by the government some are private. We also have a General Hospital. We are aware of maternal healthcare services, when we attend antenatal clinic they give us the services which include; checking the baby's position, drugs, injections, urine and blood test, to dictate complications, and when we go todeliver our babies, the nurses are always there to assist us to deliver safely.

Accessing health facility is not a problem to us (FGD in Ushongo under Mbakuha Council Ward). One of the Key Informants from Mbakuha council ward, Ushongo Local Government Area expressed her feelings thus: Quality health is a fundamental right of all Nigerian citizens. The goal of primary health care (PHC) was to provide accessible health for all bytheyear2000 and beyond. Primary health care is supposed to be the bedrock of the country's healthcare. Again, the goal of National Health Policy was to bring about a comprehensive health care system, based on primary healthcare, that is promotive, protective, preventive, restoration and rehabilitative to all citizens within the available resources so that individuals and communities are assured of productivity, social well-being and enjoyment of living. Women are provided with basic maternal healthcare services which include; antenatal acre, skilled delivery, postnatal care and family planning.

The informant however, lamented that some of the health facilities need renovation and improvement in staff remunerations to enhance their productivity in their services. In respect to access, findings from FGDs, and KIIs have shown that efforts are made in the provision of healthcare facilities and maternal healthcare services so as to reduce maternal deaths, especially with the establishment of primary healthcare centres which serve as the bed rock of the country's healthcare through the Ward Health System(WHS) whereby, council wards in the various local government areas now have PHCs in them. By so doing, there has been increase in access to maternal healthcare by the women of child bearing age in the State. Meanwhile, provision for women's health well-being has been demonstrated by scholars and researchers worldwide. They stressed that access to maternal healthcare is a human right, therefore, women should be advised to change their negative attitude towards this right so as to fight the problem of maternal mortality and reduce to the barest minimum level.

**Discussion of Findings**

The findings revealed that majority of the study population had a fair knowledgeofmaternal healthcare services. Respondents explanations of maternal healthcare servicesiswhat is provided for women especially when they are pregnant for their own well -beingandfor the good of the unborn child, this is in line with the contextual meaning of the concept. Sequel to this knowledge, the study revealed the different types of maternal healthcareservices, such as prenatal care, delivery care, postnatal care, obstetrics care andfamilyplanning. Among these services, prenatal, delivery postnatal, and family planning seemtobeon the lead of consumption among women of childbearing age notably because, theyareeasily accessed by women of childbearing age. Thus, a critical examination of these servicescan be classified into gynecology and obstetrics care.

Accordingly, these findings were inlinewith the scholarly views of Lubbock and Stephen (2008) and Franny (2013), who identifiedthe same types of maternal healthcare services that are provided for women of childbearingage across countries. With regards to access to maternal healthcare services which means the right ofgetting the desired maternal care being provided, through health facilities, goods andserviceswhich must be accessible to the women of childbearing age without discrimination. Siobhan(2008), posited that accessibility to healthcare has four dimensions; non-discriminationhealthcare must be accessible to all without discrimination on any ground. Physical accessibility must be within the reach of all sections of the population, such as

ethnicminorities, and indigenous populations and other underlying determinants of healthcaresuchas safe and potable water, adequate sanitation facilities within safe, physical reach of women.

Economic accessibility indicated that health facilities, goods and services must be affordable to all. Information accessibility includes the right to seek, receive and impart information and ideas concerning health issues. This is in line with the views of UNFPA(2015), which posited that, the provision of maternal healthcare services for women of child bearing is essential for the reduction of maternal mortality. And for women to maintain their maternal health, women need to access maternal healthcare services. World Bank (2010), enlisted maternal healthcare services to include; family planning with its attributes such as contraceptive use and the first step for avoiding maternal deaths is to ensure that womenhaveaccess to modern contraceptives to enable them plan their families. The list of contraceptivesworldwide include; female sterilization, intrauterine device (IUD), male sterilization, pill, condom use, injectable, diaphragms, cervical caps, which can be regarded as artificial. Thenon-artificial method of family planning include; periodic abstinence or rhythmandwithdrawal. Women accessibility to maternal healthcare services to prevent, solve or enhancematernal health of women has been recognized as a human right. However, not everyonehasthis right as a result of many factors. This is in line with the views of UNICEF (2008), whoobserved that women in developed countries have better knowledge and can access maternal healthcare services as a result of better organization in the provision of the services for thewomen compared to women in developing countries of the world. Findings on the factors that hinder women from accessing maternal healthcareservices by women of childbearing age in Benue State revealed that several factors havebeenadvanced by scholars to be responsible for women's inability to access maternal healthcareservices. These factors are found in other parts of the world. In other words, the factorsarenot peculiar to Nigerian societies. Similarly, the study revealed the causal factors hinderingwomen in Benue State from accessing maternal healthcare to include; socio-cultural beliefsand practices, socio-economic factors, lack of information, attitudinal factors. This is inlinewith the views of scholars like Adelani (2009) and Godswill (2013), who stressed that culture 195 being a way of life cannot be divorced from health status of the people. Unless peopletakeconscious and determined efforts to change bad cultural practices, most of the problems maynot leave the land. Socio-cultural context within which Nigerian people lives affects theirideas, decisions and behaviour concerning maternal death. Discussions with women of childbearing age from Etulo Council Ward inBurukuLocal Government Area of Benue State revealed that as a result of socio-cultural beliefs, thewomen do not seek access to health facilities for maternal healthcare but rely on their cultural practices as they do not carry out antenatal visits and also do not seek to deliver their babiesunder skilled birth attendant but prefer to deliver in the hands of Traditional Birth Attendants. The socio-cultural factors advanced in this study are in line with the views of ONNOHPD(1993), James (2010) and Godswill (2013), as discussed in the literature.

**Conclusion/ Recommendations**

This study has given much attention on the impact of women's access to maternal healthcare services and the reduction of maternal morbidity and mortality among women of Benue State. The main conclusion drawn from the study is that despite the challenges faced by the healthcare industry in Nigeria, efforts have been made in the provision of maternal healthcare in recent times. The paper recommends mass education of women, provision of affordable and accessible maternal health care services, elaborate poverty reduction programmes, reducing cost of care among others could enhance the usage of maternal health care services in Benue State

**References**

Adinma, J.I.B. & Adinma, E.D (2007). Impact of Reproductive Health on Socio-EconomicDevelopment: A Case Study of Nigeria. Annual Okechukwu Memorial LecturePresented at the 32 nd Annual Congress of the Opnthalmologic Society of Nigeria, Hotel Presidential, Enugu, 4 th September, 2007

Akpenpuun, J.R. (2014).Understanding Sociology of Health: An Introduction. Makurdi: Landmark Koncepts.

Amee, T. (2013).The Dynamics of Benue State Population 1963-2015. Makurdi: MocroTeacher and Addai, I. (2000). Determinants of Use of Maternal-Child Health Services in Rural Ghana. Journal Biosoc. Sci., 32(1): 1-15.

Dyer, S.J., Abrahams, N., Hoffman, M. & Vander Spuy, Z.M. (2002). Infertility inSouthAfrica: Women's Reproductive Health Knowledge and Treatment-Seeking Behaviourfor Involuntary Childlessness. Journal of Human Reproductive, 17(6):1657-1662.FMOH, 2013).

Franny, A. (2013). Gulu Women's Economic Development and Globalization. http://www.globalgiving;org/pfil/9236/quarterly Report April- June2013.pdf.

Franny, F. (2013). Nigeria Demography and Health Survey 2013. Abuja: NPCandICFInternational.Godswill, 2013

James, G. (2013). "Socio-Cultural Context of Adolescents Motivations for MarriageandChildbearing in North-Western Nigeria: A Qualitative Approach. Current ResearchJournal of Social Sciences, 2(5):269-275.

UNFPA (2000). State of the World Population: Lives together, World Apart, MenandWomen in a Time of Change. UN: San Francisco.

UNFPA (2005). State of World Population: The Promise of Equality. NewYork:

UNFPA. UNICEF (2001). Maternal Mortality Ration and some of the Indicators of women's healthinAfrica.

UNICEF (2010). Information by Country and Programme. Availableat: http://www.unicef.org/infobycountry/index.html. September 17 th 2010.

UNICEF Office, NAN Building Independence Avenue, Abuja, Nigeria; E-mail iaojah@Yahoo.com.

United Nations (1994). Report of the International Conference on PopulationandDevelopment. Cairo. United Nations (1997). Facts about Women and Men in Great Britain, 1997. NewYork: Equal Opportunities Commissions.

United Nations (2011). Situation Analysis for the Health and Nutrition Sector OutcomesTeam, pgs. 16-17.

USAID (2009). Country Health Statistical Report, Nigeria- December 2009.

WHO (1995). Safe Motherhood: A newsletter of Worldwide Activity.

WHO (2007) Primary Health Care: Report on the International Conference on the PrimaryCare, Health for All. Serial Number 1, Alma Ata, USSR.

WHO (2007). Maternal Mortality in 2005. Estimates Development by WHO, UNICEF, UNFPA and the World Bank. WHO UNICEF, UNFPA, the World Bank Trends in Maternal Mortality: 1990 to2013. Geneva: World Health Organization 2014.

WHO, (1995) Safe Motherhood: A Newsletter of Worldwide Activity.

WHO, UNICEF, UNFPA, World Bank (2014). Trends in Maternal Mortality: 1990-2013. Geneva: World Health Organization.