

## **FACTORS INFLUENCING HIGH RATE OF MATERNAL MORTALITY AND MORBIDITY AMONG WOMEN IN IVO LOCAL GOVERNMENT AREA OF EBONYI STATE, NIGERIA.**

**Nwaneri, T.C., Igweoroh, C.U., Ukpai, P., Ajah, C.N., and Chukwu, O.A.**

Federal College of Agriculture, Ishiagu, Ebonyi State, Nigeria.

Corresponding Authors E-mail: [nwanerithankgodc@gmail.com](mailto:nwanerithankgodc@gmail.com)

### **ABSTRACT**

*This study determined the factors responsible for the high rate of maternal mortality and morbidity among women in Ivo LGA of Ebonyi State, Nigeria. The researcher postulated four hypotheses in their null forms which include; high maternal mortality is significantly influenced by inadequate maternity homes; low level enlightenment is a significant factor that enhances maternal mortality among women of child bearing age; maternal morbidity is significantly caused by poor family planning and maternal morbidity is significantly influenced by teenage pregnancies. Multi-stage random sampling technique was employed in collecting data from 200 respondents using a semi-structured questionnaire. The data were analyzed using Independent t-test technique and the hypotheses were tested at 0.05 level of significance with 198 degree of freedom. The study therefore recommended among others that medical experts should from time to time organize seminars and workshops on health issues; harmful practices that are performed under the auspices of traditions and cultures should be done away with; the girl child should from onset be educated and sensitized about human sexuality and sex education; federal and state government should build more maternity homes in the rural areas and finally sex education should be taught in our secondary schools since the boys and girls are potential fathers and mothers.*

**Key words:** Factors, Mortality, Morbidity, Women, Maternal

### **INTRODUCTION**

The tragedy of maternal mortality and morbidity has been largely neglected in developmental programs of developing countries and the low priorities of donor agencies. Experts have only recently gathered sufficient data to present a clear portrait of the thousands of women who suffer painful maternal deaths throughout the world. In Nigeria women's lower status and powerlessness exert influence on the age at which girls are married. Physical immaturity coupled with culturally prescribed attitude of modesty results in prolonged obstructed labor which might eventually lead to maternal mortality or morbidity. Delano (2007) defined maternal mortality as the death of a woman during or after childbirth from pregnancy related causes. Chiwuzie (2005) described maternal morbidity as a short or long term damage done on the reproductive or urinary tract of a woman as a result of prolonged obstructed labour due to early motherhood or lack of good child spacing. Maternal morbidity can be as damaging to women and their families as maternal mortality and is so devastating to the personal marital and social life of the woman that many a times she most bitterly wish she had died. According to Berer (1994), "Maternal Mortality and Morbidity is a neglected tragedy and it has been neglected because those who suffer it are neglected people with the least power

and influence over how national resources are spent, they are poor rural peasants and above all they are women".

Harrison (2004), Professor of obstetrics and gynecology in Port Harcourt Nigeria stated that for every maternal death in developing countries, that at least fifteen other women are incapacitated or disabled. All these show that women are placed very low in almost every society including their problems and suggest ways of subjugating them completely for the betterment of women in the society. This led to this study on the factors responsible for high rate of maternal mortality and morbidity among women in Ivo Local Government Area of Ebonyi State, Nigeria. The purposes of this study include to; determine the factors responsible for high rate of maternal mortality and morbidity in the area; find out the effect of inadequate maternity homes and facilities to the lives of women of child bearing age; find out what could be done by individuals, communities, members and government to eradicate completely if possible maternal mortality and morbidity and suggest ways of ensuring positive responses and more favorable attitude towards women's health issues especially during pregnancy.

**RESEARCH HYPOTHESES:** The following hypotheses in their null forms were formulated; (i) High maternal mortality is significantly influenced

by inadequate maternity homes. (ii) Low level enlightenment is a significant factor that enhances maternal mortality among women of child bearing age. (iii) Maternal morbidity is significantly caused by poor family planning. (iv). Maternal morbidity is significantly influenced by teenage pregnancies.

### METHODOLOGY

The study was conducted in Ivo Local Government Area of Ebonyi State, Nigeria. Ivo LGA lies between Latitudes  $5^{\circ} 43^1$  and  $5^{\circ} 5^1$  North of the Equator and Longitudes  $7^{\circ} 29^1$  and  $7^{\circ} 35^1$  East of the Greenwich Meridian. It has an annual rainfall of about 1,200mm to 1,600mm and temperature range from  $27^{\circ}\text{c}$  to  $33^{\circ}\text{c}$ . The local government area is made up of four autonomous communities namely; Ishiagu, Ihie, Okue and Akaeze and comprises 32 villages. Ivo LGA is bounded in the North by Aninri and Awgu LGAs of Enugu State, in the West by Umuochi and Isiukwuato LGAs of Abia State, in the East, Ivo LGA is bounded by Onicha LGA of Ebonyi State and the South by Bende and Afikpo South LGAs in Abia and Ebonyi States respectively. A multistage random sampling technique was adopted in this research. First, two communities were randomly selected (Ishiagu and Akaeze). The population of the study consists of medical personnel (including doctors and nurses) and women of child bearing age in Ivo Local Government Area of Ebonyi State. The medical personnel were selected for the study because they have a wider horizon or perception in terms of health and women. Secondly, from the maternity homes in the two communities, 200 respondents were randomly selected. Out of these

numbers, 50 were medical personnel and 150 were women of child bearing age. 10 medical personnel and 30 women of child bearing age were selected from each of the maternity homes which include; Nyeche Calvary Hospital and Maternity Ishiagu, Women Comprehensive Health Centre Ishiagu, St. Jude Hospital and Maternity Akaeze, Women Health Centre Akaeze, Women Health Centre Akaeze and General Hospital Akaeze. A semi-structured questionnaire was used in soliciting from the respondents. The analytical and interpretational technique used in this research was independent t-test analysis. This technique was found appropriate because it helped to establish the significance of the variability of the relationship, influence and probable difference between the interacting variables under study.

### RESULTS AND DISCUSSION

**Hypothesis I: High maternal mortality is significantly influenced by inadequate maternity homes.** Table 1 showed that the calculated value of the t-test (6.67) is greater than the critical value (1.96), the study revealed that inadequate maternity homes significantly influences maternal mortality. The null hypothesis is therefore accepted. Faller (1988) stated that there are discrepancies in the coverage of maternity healthcare between the rural and urban areas. Faller opined that the reasons for the discrepancies include; lack of information and understanding, poor interaction between clients and health service providers; distance and lack of communication and transportation, financial barriers and shortage of trained personnel.

**Table 1: Independent t-test analysis of the significance between maternal mortality and inadequate maternity homes.**

Respondents	N	X	SD	Cal.T	Critical t.
Medical personnel	50	15.01	2.17	6.69	1.96
Women of child bearing age	150	17.4	2.24		

Df = 198 at 0.05

Significant level = 1.96

**Hypothesis II: Low level enlightenment is a significant factor that enhances maternal mortality among women of child bearing age.**

Table 2 showed that the calculated value of t-test (2.9) is greater than the critical value (1.96), enlightenment significantly influences maternal mortality. Thus the second null hypothesis is also accepted. According to United Nation International Children Education Fund (UNICEF) (1991), girls education is probably the world best investment

because nothing has such power to improve family health, slow population growth and improve lives of the women themselves. This shows that educating women will help in alleviating cultural and traditional barriers on women's reproductive health. Okafor (2000) stated that lack of women's education could be likened to limited exposure to information and new ideas, ignorance of good health practices, women's negative experience and perception and women's lack of control over their own lives.

**Table 2: Independent t-test analysis of the effect of level of enlightenment on maternal mortality.**

Respondents	N	X	SD	Cal.T	Critical t.
Medical personnel	50	16.2	3.9	2.9	1.96
Women of child bearing age	150	18.0	3.51		

Df = 198 at 0.05

Significant level = 1.96

**Hypothesis III: Maternal Morbidity is significantly caused by Poor Family Planning.** Table 3 indicated that the calculated value of the t-test (4.44) is greater than the critical value (1.96), this shows that poor family planning significantly influences maternal morbidity. Thus the third null hypothesis is accepted. Hacker and Hacker(1993) opined that frequent pregnancy, prolonged lactation, heavy work and local food customs produce “continuous cumulative nutrition”. As a result

women become less able to combat infections associated with pregnancy, childbirth, incomplete abortions, puerperium and thus are daily exposed to illness. Berer(1994) asserted that family planning should be redefined to focus on human well-being rather than on demographic targets. This is because if it is not seen from the aspect of human well-being, care might not be taken to produce quality ones and to disseminate proper information on its usage.

**Table 3: Independent t-test analysis of the influence of poor family planning on maternal morbidity.**

Respondents	N	X	SD	Cal.T	Critical t.
Medical personnel	50	15.4	2.99	4.44	1.96
Women of child bearing age	150	17.6	3.15		

Df = 198 at 0.05

Significant level = 1.96

**Hypothesis IV: Maternal Morbidity is significantly influenced by Teenage Pregnancies**

Table 4 indicated that the calculated value of the t-test (7.16) is greater than the critical value (1.96), this shows that teenage pregnancies significantly influences maternal morbidity. Thus the fourth null hypothesis is accepted. The finding depicted that maternal morbidity is caused by teenage pregnancies. The woman’s body needs to grow into maturity physiologically so as to be able to accommodate the foetus. But due to early marriage which in turn gives rise to teenage pregnancies the mothers health is

jeopardized at such a tender age. Adrienne(2004) says that where pregnancy occurs and the entire make up of the girl is not yet developed for such functions as nurturing a developing foetus in her body, this can lead to exacerbated pregnancy, symptoms, obstructed labor, preeclampsia, vesica, and recto vaginal fistuli and most dangerous higher risk of maternal mortality or morbidity especially as early marriage and teenage pregnancies often results to multi-parity. This could either incapacitate them for life or worst of all lead to their untimely deaths.

**Table 4: Independent t-test analysis of the influence of teenage pregnancies on maternal morbidity.**

Respondents	N	X	SD	Cal.T	Critical t.
Medical personnel	50	15.0	2.54	7.16	1.96
Women of child bearing age	150	18.10	2.96		

Df = 198 at 0.05

Significant level = 1.96

**CONCLUSION AND RECOMMENDATION (S)**

The study revealed that inadequate maternity homes, low level of enlightenment, poor family planning and teenage pregnancies were significant determinants of maternal mortality and morbidity. Based on the findings of this study the following recommendations were made: medical experts should from time to time organize seminars and workshops even seminars on health issues through women organizations like family support programs and women wings in churches; Government should carve out a ministry for women affairs in the local governments through which rural dwellers and other stake holders can get funds to take care of the rural women; harmful practices that are performed under the auspices of traditions and cultures should be done away with; society at large should be educated to know that family planning is not just important as a demographic target but it is most important as a means of preserving lives of women; the girl child should from onset be educated and sensitized about

human sexuality and sex education; federal and state government should build more maternity homes in the rural areas and finally sex education should be taught in our secondary schools since the boys and girls are potential fathers and mothers.

**REFERENCES**

Adrienne, G. (2004). Productive Tract Infections. Plenum Press New York.

Berer, M. and Ray, S. (1993). Women and HIV/AIDS. Harper Collins Publishers 77-85. Fuiham Palace Road Hammersmith, London.

Berer, M. (1994). Motherhood, Fatherhood and Fertility. Spider web, Farrington Road London,

Briggs, N. (1993). Maternal Health Illiteracy: Educate or Die. Lancet; Volume 341 p.101.

- Chiwuzie, L. (2005). Safemotherhood: Causes of Maternal Mortality in a Semi-Urban Nigeria setting, World Health Forum, Vol. 16 pg. 1-30.
- Dedication of Ivo Local Government Area (1997).Honey Bees Company Lagos.
- Delano, G.E. (2007). For Reproduction and Family Health Kamas City Sheed and ward Publishing Company.
- EI-Mouelhy (2003).Maternal Mortality in Egypt unpublished paper. Cairo.
- Faller, K.C. (1988).Child Sexual Abuse.Columbia University Press New York.
- Hacker, S.S. and Hacker, R. (1993).What every Teenage really wants to know about sex. Carroll and Giraf Publishers Inc. New York.
- Institute for Development Training (1986). The Health Effect on Female Circumcision Module 5 of Training Course in Women's Health. North Carolina.
- Kiltander, I.LF. (1970). Sex Education. New York: Macmillan Press.
- Morsy, 5.(1995). Maternal Mortality and Medication of Population Control. University of California Press, Berkeley.
- Nwolise, B. (1997). Motherhood and maternal Health, Health Journey Vol. 17 Number 4.
- Okafor, C. (1990). Women's Perspective on Maternal Mortality and Morbidity in Nigeria University Press. Ibadan.
- Olusanya, O.(1989). Biosocial Factors in Maternal Mortality.A study from a Nigerian Mission Hospital.West African Journal of Medicine Vol. 8.
- Orab, Joy (1993). Presentation on Nigerian Educational Research Council in a Session entitled Expanding Life Options for Girls through Education. Health Services and Advocacy.
- Venor, H.F. (1949). Adolescent Pregnancy and Society. An Overview Philadelphia: WB, Sander Company.