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Awareness of Maternal Health Services among Women of Child Bearing Age in Mbaitoli L.G.A.

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ABSTRACT

This study assessed the Awareness of maternal health care services among women of child bearing age in Mbaitoli LGA. Descriptive study design was employed for the study and sample size of 405 was drawn from the target population of 3720. The respondents were selected in multistages involving purposive and proportionate cluster sampling techniques. Instrument for data collection was structured questionnaire which was self-administered to respondents by the researcher and her research assistants during various meetings. The data collected were analyzed using descriptive statistics of frequency counts, percentages and charts to answer the research questions. Results showed that all the respondents were aware of the availability of maternal health services in Mbaitoli LGA. Commonly identified types of maternal health services were Antenatal (95.80%), delivery (100.00%) and postnatal services (83.50%); the two major sources of information were from radio 160(39.50%) and friends 83(20.50%). Based on the findings it was recommended that more sensitization and awareness creation should be put in place by health workers for women in rural communities to utilize maternal health services.

Keywords: awareness, maternal health services, women, child bearing age

INTRODUCTION

Utilization of maternal health services has emerged as the most important issue that determined global and national wellbeing of every childbearing mother [1]. This is because every individual, family and community is at some point intimately involved in pregnancy and the success of childbirth [2]. Total fertility rate is 5.7 births per woman and it is estimated that approximately 59,000 maternal deaths take place annually. Research conducted by Ladipo [3] indicated close link between the health of the new born with the health of their mothers. About 30-40% of neonatal and infant deaths result from poor maternal health care and inadequate care during pregnancy, delivery and the critical immediate postpartum period [3]. The under-five mortality ratio is 200 per 1000 live births. These deaths are not unconnected with the poor utilization of maternal health services in the country and could be avoided. Attah [4] described maternal health services as those services that is provided under the primary health care through obstetric

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care, delivery and post-partum period. This is to ensure that the health of the baby as well as that of the mother are taken care of, and observed with proper maintenance, thereby reducing the number of maternal deaths resulting from deliveries and complication of pregnancy and child birth, together with other health problems emanating during breast feeding. Maternal health care services is an important care that need to be considered and handled with care to prevent maternal health related illnesses and unhealthy conditions [5]. Lucas and Gilles [6] discovered that maternal health care services are essentially to promote, preventive and provide avenues for the early detection of mothers at high risk of illnesses during pregnancy and after delivery together with lactation [7-9]. It is equally known that increased income has an active effect on the utilization of maternal health care services [10]. The occupation of a mother and socio-economic status can be considered as a proxy of family income as well as social status. Many women avoid the modern health care facilities for fear of being subjected to operative delivery which they believe are performed unnecessarily in hospitals. Other factors affecting the utilization of maternal health care services include accessibility, affordability, availability, cultural beliefs, and inappropriate location of health facilities, poor road and communication networks and lack of means of transportation [11].

RESARCH METHODOLOGY

Study design

The research design adopted in this study is a descriptive survey.

Study Setting

The study was done in Mbaitoli Local Government Area.

Population of the study

The target population of the study comprised of women of child bearing age in Mbaitoli Local Government Area of Imo State. The population is made up of (3,720) mothers in Mbaitoli Local Government Area of Imo State.

Sample size determination

Using the G* power software, with power of the study set at 0.80, a power analysis was done to estimate the required sample size for the study. The estimated sample size is given as 368. Alternatively, using the manual equation, the sample was estimated as follows:

$$N= \frac{Z^2_{\alpha/2}*P*(1-P)*D}{E^2}$$

Where $Z^2_{\alpha/2}$= 1.96 (normal deviate for a two tailed test at 0.05 level of significance)

P= 61%(proportion or prevalence of event of interest from previous studies)

E= Precision or margin of error (10% of P)

D= Design effect (2 for proportionate sampling design)

$$\frac{(1.96)^2 \times 0.61 (1-0.61) \times 2}{0.061^2} = 368$$

Allowing for non- response rate or attrition, 10% of the calculated sample will be added.

Therefore 368 + 36.8 (10%) = 404.8 ≈405

Inclusion and exclusion criteria

Inclusion criteria

Mothers who are within the child bearing age and were willing to participate, physically stable and alert, reside at Mbaitoli LGA as at the time of the study

Exclusion criteria

Those women who are not within the age of childbearing, unwilling to participate or not physically stable and do not reside in Mbaitoli LGA at the time of the study were excluded.

Sampling Procedure

The sampling for this study was done in multi stages involving purposive, proportionate and cluster sampling techniques. Women of child bearing age between ages 15-45 were purposively selected. Cluster sampling was used to ensure even selection of women across the communities in Mbaitoli Local Government Area while proportionate sampling was used to select the required number of women per community (see working in appendix II)

Method of Data Collection

The questionnaires were distributed by the researcher and three research assistants in line with the sample mapped out for the study. Through contact with the respondents in their monthly meetings, with the help of the president of the women association of each village group and the research assistants, the questionnaires were distributed after due explanation of the objectives, purpose and method of data collection. The questionnaires were distributed on face-to-face basis and were collected immediately after completion to ensure that a good percentage was returned. Time for completion of the questionnaire was 50minutes in each of the meetings

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Method of Data Analysis

Data collected were analyzed using descriptive statistics of frequency counts, percentage and presented in tables. Hypotheses for the study were tested at 0.05 level of significance, using inferential statistic of chi-square (x^2). The statistical analysis was performed with Statistical Package for Social Science (SPSS version 21).

Ethical Consideration

A letter of permission was obtained from the Department of Nursing Sciences, Imo State University Orlu campus and ethical approval from Imo State Research Ethical Committee. Permission was gotten from the chairman of Mbaitoli LGA and the Eze of each of the five settlements. The exercise time, purpose and nature of the study was explained to each of the participants. The collected data were entered into the computer without name rather code numbers were used and were accessible to researchers alone for confidential purpose.

RESULTS

Table 1: Demographic data of the respondents

Variable	Category	Frequency= 405	Percentage (%)
Age			
	15-20 years	51	12.59
	21- 30 years	162	40.00
	31-40 years	112	27.65
	41 and above	80	19.75
Parity status	1-3	66	16.29
	4-5	289	71.36
	6 and above	50	12.35
Marital status	Single	77	19.01
	Married	276	68.15
	Separated/Divorced	52	12.84
Educational status	Non formal	42	10.37
	Primary	82	20.25
	Secondary	131	32.35
	Tertiary	150	37.03
Occupation	Housewife	52	12.84
	Trader	108	26.67
	Teacher	89	21.97
	Civil servant	68	16.79
	Self-employed	88	21.72

From table 1 above on demographic data of the respondents, it was observed that 51 (12.59%) of the respondents are within the ages 15 –20 years, 162 (40.00%) fall within the age range of 21 – 30 years, 112 (27.65%) of the respondents fall within 31- 40 years while 80 (19.75%) of the respondents fall within the age ranges of 41years and above. On parity, 66 (16.29%) 1-3 children, 289 (71.36%) of the respondents have 4-5 children while 50 (19.75%) have 6 children and above.Data on marital status show that77 (19.01%) are single, 276 (68.15%) are married while 52 (12.84%) are divorced/separated. Information on educational status showed that 42 (10.37%) have received no formal education, 82 (20.25%) have up to primary education, 131 (32.35%) of the respondents have received up to secondary education while 150 (37.03%) have received up to tertiary education. Information from the table also show that 52 (12.84%) of the respondents are housewives, 108 (26.67%) are traders, 89 (21.97%) are teachers, 68 (16.79%) are civil servants while 88 (21.72%) are self-employed.

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Table 2: Responses on awareness of maternal health services by women of child bearing age in Mbaitoli Local Government Area

Variables	Options	Frequency	Percentage
Awareness of maternal health services	Yes	405	100.00
	No	0	
Source of information on the services	Friends	83	20.50
	Radio	160	39.50
	Television	50	12.30
	Women group	50	12.30
	Church	62	15.40

Data on table 2 shows the responses of the women of child bearing age in Mbaitoli Local Government Area on their awareness of maternal health services. The information gotten shows that all the women (405/100%) are aware of the maternal health services in Mbaitoli Local Government Area.

The table also shows the sources of information as follows: Friends 83(20.50%), Radio 160(39.50%), Television 50(12.30%), women's group 50(12.30%), and churches 62(15.40%). The highest source of information to the women of child bearing age is radio.

Table 3: knowledge of women on the types of maternal health service available in Mbaitoli Local Government Area, Imo State

Available maternal health care services	Frequency	Percentage
Antenatal services	388	95.80
Delivery services	405	100.00
Postnatal care	338	83.50
Family planning	258	63.70
Immunisation	200	49.38
Treatment of minor ailments	157	38.77
Health education and counselling	182	44.93
Youth friendly services	39	9.63

Table 3 showed the types of maternal health services available in Mbaitoli Local Government Area, Imo State according to the responses from the women of child bearing age. The table showed that 388 (95.80%) of the women know of antenatal services available in Mbaitoli Local Government area; all the women (405/100.00%) know of delivery services, 88 (83.50%) of the respondents are aware of Postnatal care services, 258(63.70%) are aware of for Family planning services, 200 (49.38%) are aware of Immunization services, 157(38.77%) know about treatment of minor ailments, 182 (44.93%) know about Health education and counselling services in Mbaitoli Local Government Area while 39(9.63%) know of availability of Youth friendly services. The maternal health care services most available are immunization, health education and counselling, antenatal, delivery and postnatal care services.

DISCUSSION

Result from the findings in questions one and two show that all the women (405/100%) involved in the study are aware of the maternal health care services in Mbaitoli Local Government Area of Imo State. The result further disclosed that Antenatal [12], Delivery, Postnatal, Family planning [13-14], Immunization, Treatment of minor ailments, Health education and counselling and Youth friendly services are types of maternal health service available. This correlates with the findings of Babalola and Fatusi [15] who in their study reported a high level of awareness and knowledge (93.5%) of maternal health care services among women of child bearing age. They further reported a breakdown of the various type of maternal health care services to include antenatal care services, delivery, immunisation, postnatal, family planning and counselling services [16-18].

CONCLUSION

The study was educative and challenging with regards to the findings and the discussions. It is therefore concluded that women in the reproductive age in Mbaitoli utilized the antenatal care services and the determinants contributing to this utilisation were: The age of the majority of respondents, the high level of education and parity. Most maternal and many neonatal deaths could be prevented if adequate maternal health care services and effective obstetric services were provided.

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