

## Provision of Maternal and Child Health Care Services to Women of Child-Bearing Age in Benue State

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### Abstract

*This paper assessed the provision of maternal and child health care (MCH) services to women of child-bearing age in Benue State. To achieve the objective of the study, ex-post facto research design was used to study 368 subjects drawn from six Local Government Areas in Benue State. The subjects were drawn through stratified random sampling and convenient sampling techniques. Data collected for this study were analyzed using descriptive statistics of mean and standard deviation; and inferential statistics of t-test at 0.05 level of significance. The findings showed that maternal and child health care services were provided to women of child-bearing age in Benue State but not significantly adequate. Based on the findings, it was recommended that the primary health care authorities should ensure that adequate provision of MCH services is a priority in view of its importance in minimizing maternal and infant morbidity and mortality.*

**Keywords:** Provision, Maternal and Child Health, Women of child-bearing age

### Introduction

Maternal health and the health of new born children are critical topics in global development. When women are able to access needed quality health care services and protect themselves from many health risks they face, long-term social and economic progress can be achieved. The health and well-being of mother, infants, and young children are of critical importance, both as reflections of the current health status of individuals, local communities and the nation as a whole and as predictors of health of the next generation (Okereke, Kanu, Nwachukwu, Anyanwu, Ehiri & Merrick, 2005). Maternal and child healthcare (MCH) services are essentially promotive. They provide avenues for the early detection of mothers and infants at high risk of morbidity and mortality (Sumithra, Aswathy, Sandeerp, Shobha, Johnson, Vasala & Lohidas, 2006).

The MCH care services generally begin with solving the problems of individual mothers and their children then extends to solving the problems of all individual members of the family within the larger community. Therefore, it generally covers the problems of mothering and parenthood. The programme is meant to ensure that every pregnant woman and nursing mother maintains good health, learns the art of child care, has a normal delivery, and bear healthy children, who should grow up in a family unit, with love and security in a healthy environment, well-nourished with adequate medical attention and socialization (Bichi, 2007). Maternal mortality ratio ranges between 800-15000 per 100,000 live births (Nigeria Demographic and Health Survey, 2003), with marked variation between geo-political zones – 165 in South West compared with 1,549 in the North-East and between urban and rural areas (Ladipo, 2009). Total fertility rate is 5.7 births per woman and it is estimated that approximately 59,000 of maternal deaths take place annually in Nigeria as a result of pregnancy, delivery and post-delivery complications (World Health Organisation, UNICEF, UNFPA, 2007).

Insufficient maternal care during pregnancy and delivery is largely responsible for the estimated one million still births and new born deaths that occur around the world each year. These deaths occur just before or during delivery or within the first week of life (World Health Organization (WHO), 2003). World Health Organisation (2003) further noted that the complication of pregnancy and childbirth place a significant burden on the health systems. Death and injuries sustained during pregnancy and childbirth contributes significantly to the total burden of reproductive ill health.

Whereas there are numerous factors that affect the health of the child, many reflect or are related to the health status of the mother and her immediate environment. One of the first steps to ensure healthy children is to ensure that pregnant women have access to prenatal care early during pregnancy and that they receive proper care throughout the pregnancy (James, Robert, & Jerome, 2008).

The state of health of Nigerians, and especially of our women, is to say the least, obnoxious and scandalous. Health services in Nigeria have been unable to satisfy the needs, desires and aspirations of the consumers who seek health assistance, counselling and diagnosis. This holds that the consumers of health care services in Nigeria are largely unsatisfied as a result of poor quality and quantity of health services and their providers as well as financial constraints (Ladipo, 2009). Therefore, this study was designed to assess the provision of maternal and child health care services among women of child bearing age in Benue State.

#### **Purpose of the study.**

The purpose of this study was to assess the provision of maternal and child healthcare services to women of child-bearing age in Benue State with the view of determining the adequacy of maternal and child healthcare services to women of child-bearing age in Benue State.

Specifically, there is one research question for the study:

1. What are the maternal and child healthcare services provided for women of child bearing age in Benue State?

Answer to this question will throw more light on the provision of maternal and child healthcare services provided for women of child-bearing age in Benue State.

#### **Research hypothesis.**

Below is the null hypothesis which was formulated and tested for this study:

**H<sub>0</sub>:** Provision of maternal and child healthcare services of women of child-bearing age in Benue State are not significantly adequate.

#### ***Method***

**Research Design:** Ex-post facto research design was used for this study

**Population:** The study population comprised of women of child bearing age (15-49 years) in Benue State. The estimated population was five hundred and eighteen thousand (518,000) (National Population Census, 2006).

**Sample and Sampling Technique:** The total sample used in this study comprised three hundred and eighty-four (384) women of child-bearing age from the sampled local government areas. This sample size was determined using the formula for single population proportion (Julie, 2005). To select the required sample, stratified random sampling and convenience sampling techniques were used. In these techniques, Benue State was stratified into three senatorial zones. From each of these zones, two Local Government Areas were randomly selected. The sampling procedure involved simple random sampling technique using the hat-drawn sampling method to select two Local Government Areas from each of the three senatorial zones in Benue State. These include, Katsina Ala, Vandeikya (Zone A), Gboko, Makurdi (Zone B) and Ogbadibo, Otukpo (Zone C). The names of the Local Government Areas in Each Senatorial Zone were written on slips of paper. The slips were then folded and put in a container. After thorough reshuffling, the researcher blindfolded someone outside the study population who then dipped hand and picked one slip at a time. The slip was unfolded and the Local Government Area it contained was recorded. This process was repeated until the required number of Local Government Areas was drawn in each of the senatorial zones. Table 1 shows the three senatorial zones in Benue State, the Local Government Areas sampled, and sample size of childbearing women used.

Table 1  
**Sample size**

S/N	Senatorial Zone	Local Government Areas	Local Governments Sampled	Sample Size of Mothers Used
1	Zone A	Katsina-Ala, Konshisha, Kwande, Logo, Ukum, Ushongo, Vandeikya	Katsina Ala Vandeikya	64 64
3	Zone B	Buruku, Gboko, Guma, Gwer East, Gwer West, Makurdi, Tarka	Gboko Makurdi	64 64
3	Zone C	Ado, Agatu, Apa, Obi, Obadibo, Ohimini, Oju, Okpokwu, Otukpo	Ogbadibo Otukpo	64 64
Total		23	6	384

**Instrument for Data Collection:** The research instrument used in this study was a questionnaire developed by the researchers and designed in line with five-point Likert Scale. It was validated and subjected to a pilot study using a split half reliability test that yielded a reliability index of 0.76.

**Procedure for Data Collection:** To collect data for this study, a total of three hundred and eight-four (384) copies of the questionnaire were distributed to women of child bearing age attending antenatal and postnatal clinic at the general hospitals in the six (6) Local Government Areas selected for the study. The researchers and six research assistants (selected from six of the Local Government Areas sampled) visited each of the general hospitals in the Local Government Areas selected for the study on their respective clinic days and administered the questionnaire. With the assistance of the matrons of the respective hospitals, every woman who queued up to be attended to on antenatal and postnatal clinic days was given a copy of the questionnaire one after the other until the desired number of subjects had been served. Those served with the questionnaire were instructed to stay behind after the clinic hours. All the subjects were assembled and oriented on the purpose of the study and instructed on how to complete the questionnaire. Completed copies of the questionnaire were retrieved on the next clinic day.

**Data Analysis:** The data analysis was based on responses of 368 respondents whose questionnaire were correctly completed and returned. Descriptive statistics of mean and standard deviation were used to answer the research question while inferential statistics of t-test was used to test the hypothesis at 0.05 level of significance. The criterion or acceptance mean of 3.50 was used in making decisions. If the relative mean of an item was equal to or greater than 3.50, it was considered that the respondents are in agreement with the suggested item, while any mean less than 3.50 imply disagreement.

### *Results*

Results of the study are presented in Tables as indicated below:

**Research Question 1:** Are maternal and child healthcare services provided to women of child bearing age in Benue State?

Table 2

#### **Respondents Responses on Provision of Maternal and Child Healthcare Services**

S/No.	Provision of maternal and child healthcare services	Mean	Standard Deviation
1	Maternal and child healthcare (MCH) centre is available in my local government	4.0516	1.14127
2	Mothers are provided access to high-quality care throughout the phases of pregnancy, labour and delivery	3.9565	1.11891
3	Mothers are screened at the MCH centre for health risks to ensure safe pregnancy and delivery of healthy babies.	3.5380	1.11891
4	Mothers are educated at the MCH centre on the following:		

i	Proper diet during pregnancy and lactation	3.8043	1.14115
ii	Benefits of physical exercise	3.6359	1.04034
iii	Alcohol and drug use	3.2690	1.10284
iv	Proper care of baby	3.2065	1.11015
v	Family planning	2.6821	1.32858
5	Mothers are vaccinated against tetanus during antenatal checks-ups	4.3533	1.00689
6	The new born babies are also vaccinated against child killer diseases at age-appropriate times	3.6821	1.32858
7	The MCH centre conducts routine check-ups for identification and management of problems in the new born babies	3.6250	1.07770
8	Infants are closely monitored for normal growth and development	3.1712	1.19515
9	Mothers are educated at the MCH centre about early signs of pregnancy-related problems and precautions	3.0842	1.44130
10	Generally, the MCH services offered are adequate and satisfactory	3.2065	1.42411
<b>Aggregate mean score</b>		<b>3.52</b>	<b>1.15</b>

The mean scores shown in Table 2 are based on the five-point Likert scale. The Table shows that item number 5 had the highest mean score (4.3533) which indicate that the respondents are in agreement with the idea that mothers are vaccinated against tetanus during antenatal check-ups. Next to item 5 is item 1, which had a mean score of 4.0516, which indicates that maternal and child healthcare (MCH) centre is available in the respondents' Local Government Areas. This is followed by item number 2, with a mean score of 3.9565, which indicates that the respondents agreed that mothers are provided access to high-quality care throughout the phases of pregnancy, labour and delivery. Next to item 2 is item 4(i), which had a mean score of 3.8043, which indicates that mothers are educated at the maternal and child health centres on proper diet during pregnancy and lactation. This is followed by item number 6, with a mean score of 3.6821, which indicates that the new born babies are also vaccinated against child killer diseases at age-appropriate times. Closely following item 6 is item number 4(ii) with a mean score of 3.6359, which indicates that mothers are educated at the MCH centres on benefits of physical exercise. Next to item 4(ii) is item number 7, with a mean score of 3.6250, which indicates that the MCH centres conduct routine check-up for identification and management of problems in the new born babies. This is followed by item number 3, with a mean score of 3.5380, which indicates that mothers are screened at the MCH centres for health risks to ensure safe pregnancy and delivery of healthy babies.

For all other items, the mean scores were relatively less than 3.50, which imply that the respondents disagreed with the suggested items. Among these were item 4 (iii), 4 (iv) and 4 (v), with mean scores of 3.2690, 3.2065, and 2.6821 respectively, indicating that mothers are not educated at the MCH centres on alcohol and drug use, proper care of baby and family planning. Item 8, which had a mean score of 3.1712, indicating that infants are not closely monitored for normal growth and development at the MCH centres; item 9, with a mean score of 3.0842, which indicates that mothers are not educated at the MCH centres about early signs of pregnancy-related problems and precautions; and item 10, which had a mean score of 3.2065, indicating that the MCH services offered are neither adequate nor satisfactory. The aggregate mean score of 3.52 indicates that Maternal and Child Healthcare (MCH) services are provided to women of child-bearing age in Benue State.

**Hypothesis:** Provision of maternal and child healthcare services to women of child-bearing age in Benue State is not significantly adequate

**Table 3: t-test result on adequacy of maternal and child healthcare services provided to women of child bearing age in Benue State**

Variable	Location	Mean	Std dev.	DF	t-value	p	t-crit
Provision of MCH care services to women of child bearing age	Urban area	3.6193	.4596	366	.952	.060	1.96
	Rural area	3.6160	.5817				
t (366) = 1.96 (p = 0.06 > 0.05) Not significant							

Information on Table 3 above shows that from the results of t-test conducted, a calculated t-value of .952 at df = 366 and  $p > 0.05$  was obtained. This indicated that maternal and child health care services are not adequately provided to women of child-bearing age in Benue State. Therefore, the null hypothesis is accepted on the basis that provision of maternal and child health care services to women of child-bearing age in Benue State are not significantly adequate. Hence, the null hypothesis is therefore retained.

### *Discussion*

The findings of this study showed that maternal and child health care services are not adequately provided to women of child-bearing age in Benue State. Every society, whether developed or developing, recognizes the importance of the health needs and problems of women and their children from birth to adolescence (Bichi, 2007). For this reason, both pregnant and lactating mothers and their children are given special status in the society. James, Robert & Jerome, (2008) noted that lack of adequate prenatal care, poor maternal and child nutrition, maternal drug use, low immunization rates, and insufficient child care-combined with lack of access to health care services in a community are precursors to high rates of maternal, infant and childhood morbidity and mortality. They noted that many of these risk factors can be reduced or prevented with the early intervention of educational programmes and preventive medical services for women and children. These early community efforts provide a positive environment that supports the physical and emotional needs of the woman, infant, and family and reduce the need for costlier medical or social assistance to these same members of society later in their lives (James, Robert & Jerome, 2008).

According to Bichi (2007), women are the main victims of malnutrition and the additional biological demands during menstruation, pregnancy and lactation have made nutritional deficiencies the most widespread and disabling health problems among them. Therefore, the women folk deserve adequate attention hence maternal and child health care service was initiated. WHO (2003) noted that insufficient maternal care during pregnancy and delivery is largely responsible for the estimated one million still births and newborn deaths that occur around the world each year. These deaths occur just before or during delivery or within the first week of life. The complication of pregnancy and childbirth place a significant burden on the health systems.

### *Conclusion*

On the basis of the findings of this study, it was concluded that maternal and child health care services are provided to women of child-bearing age in Benue State but not significantly adequate.

### *Recommendations*

In line with the findings and conclusion of this study it was recommended that primary health care authorities should make adequate provision of MCH services a priority in view of its importance in minimizing maternal and infant morbidity and mortality.

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