

Title: Understanding the barriers to utilization of maternal health services in a community in southeastern Nigeria

Author: Ileogben Sunday-Adeoye, MBBS, MSc

What problem was addressed: Maternal mortality and morbidity is unacceptably high in many developing countries like Nigeria. Even in the same country, maternal mortality and morbidity data is worst in the rural areas than in the urban setting. Several factors are responsible for this unacceptable situation ranging from lack of financial access to health facility, inaccessible facilities, ignorance, cultural inhibitions, activities of charlatans and other unskilled care providers etc. These and other factors account for the three level delays that ultimately result in either maternal mortality or morbidity. A lot of innovations have been instituted by the Ebonyi state government with resultant drop in the overall maternal mortality ratio of the state, however, disaggregated data show some areas with unfavourable burden and these form the focus of this study. The study sought to understand the barriers to utilization of maternal health services in some of these selected communities with a view to developing an intervention that would remedy the situation.

What was tried: The communities were selected based on the outcome of analysis of existing data on maternal mortality and morbidity from various sources including data from the state maternal mortality and morbidity monitoring committee, National Obstetric Fistula Centre Data, Ebonyi State University Teaching Hospital data. The traditional ruler of the community was engaged and other important stakeholders and gatekeepers. The data of the community was presented to them as compared with data from other communities and the purpose of the study was explained to them. The gatekeepers sensitized the community about the purpose of the study. The research Team of the National Obstetric Fistula Centre Abakaliki was trained on the administration of the structured questionnaire developed for the purpose of the study. Appropriate ethical clearance was obtained and Informed consent was obtained from the respondents in all 3 villages.

What lessons were learnt: The mean age of the respondents was 36.6years and the mean parity was 3.92. Seventy-six percent were females and 70.2% were married. Forty-two percent had no formal education and 71% were farmers. Majority of the respondents were of social class 5. About 60% of the study population knew of about 2-4 maternal deaths in their communities over the past one year. Over 77.2% of the known maternal deaths occurred at the home of the traditional birth attendants. Forty percent of the study population was resident within 2km radius of a primary health care centre, while 50% had a traditional birth attendant within 2km radius. Majority of the respondents receive routine Medicare from patent medicine shop dealers. Majority of the respondents patronize traditional medicine dealers and patent medicine shop dealers because their services are cheap and of closer proximity. The staff at the mission hospitals were perceived to have the worst attitude to patients. Majority of the respondents (58%) were of the view that a woman must always achieve vaginal birth, and 12% felt it was a curse for a woman not to achieve vaginal birth. For about two-thirds (58%) of the respondents it was not acceptable for a woman to deliver by caesarean section (C/S) while 76% stated that it was not culturally acceptable in their communities for a woman to have a caesarean section. Over two-

thirds (63%) of respondents felt that the fear of caesarean section was a deterrent to women seeking hospital delivery.

Impact: The outcome of this study was a stakeholders meeting at the instance of the wife of the governor of the state to address the issues raised highlighted. Accordingly the local government area council has affected strategies to remedy the situation and a medical NGO is in the process of opening a maternal health care facility within the community.