WOMEN'S PERCEPTION OF THE ACTUALISATION OF THE 5TH MDG (REDUCTION OF MATERNAL MORTALITY): A STUDY OF PREGNANT WOMEN IN IMO STATE, NIGERIA.

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Abstract

Goal number five of the Millennium Development Goals (MDG), reduction of maternal mortality, had always represented a major challenge for Nigerian women. As the deadline for the actualization of the goals approaches, this study examined Nigerian women's perception of the attainment of the target goal. Pregnant women registered in health facilities in Imo State, Nigeria, were purposively studied. For this study, 210 pregnant women were sampled in 21 (5%) out of the 416 documented health facilities in the State. Using data gathered over a sampling period of 11 days by means of questionnaire and oral interview, analyses were done using a combination of qualitative and quantitative methods. The analyses found out that Nigeria was making progress in reducing maternal mortality rates, but the pace still remains too slow, as there are still many instances of deaths related to childbirth. Factors responsible for the slow progress were given as low ratio of births attended by skilled health workers, especially in rural areas; unfortunate attitudes to antenatal and postnatal care, poor state of health/medical infrastructure, etc. This study recommended the need for Nigeria to declare primary health care as a national emergency in 2015 and implement policies that will bring about structural change in the health sector and behavioural change among pregnant women.

Keyword: Millennium development goals, maternal mortality, Nigerian women

Introduction

Reports indicate that women are a vital part of the Nigerian population. Amnesty International (2006) reported that women make up more than 50% of the Nigerian population. The National Population Commission (2006) puts the female population in Nigeria at about 49% percent, and the World Bank (2013) states that the population of women in Nigeria was 49.1% of the total population. The implication is that women make up about half of the Nigerian population. According to Moser (1993), the women account for about 60 – 80% of the agricultural labour force. They produce most of the food items consumed in Nigerian homes. The women produce up to 80% of essential food stuffs and bear more than 90% of the domestic production tasks. Apart from their economic tasks, Odeh (2014) described women in Nigeria as having the biological and social tasks of bearing, nurturing, and providing initial education for children and ensuring the well-being of the family and that of the entire society; the women are the givers and nurturers of life. However, the expected contributions of women to development have been marred by some challenges faced by the female in Nigeria. One of them is a woman's chance of dying from pregnancy and childbirth in Nigeria mostly from preventable causes, as the coverage and quality of health care services in Nigeria continue to be on the radar.

The well-being of women was one of the high points of the Millennium Development Goals (MDGs). Goal number five of the Millennium Development Goals, reduction of maternal mortality or improvement of maternal health, particularly concerns the well-being of women. The target of the goal is to reduce by three quarters, between 2000 and 2015, the maternal mortality ratio and the proportion of births attended by skilled health personnel as well as achieve, by 2015, universal access to reproductive health, such as contraceptive prevalence rate, adolescent birth rate, antenatal care coverage, and unmet need for family planning (MDG Monitor, 2012).

Goal number five had always represented a major challenge for Nigerian women, and women in other developing nations. There have been efforts at the national and global levels to track the achievement of the 5th MDG and other goals. The 2010 MDG Report stated that progress towards goal number five was promising and, if the improvements could be sustained at the same rate, Nigeria would reach the target by 2015. Few years down the line, with the deadline for actualization of the goal around the corner, how have the improvements been sustained and where does Nigeria stand in terms of maternal health? Also, because of the direct bearing of the goal on women, this study , therefore, examined Nigerian women's perception of the attainment of the target goal from the point of view of pregnant women in Imo State, Nigeria.

Objectives

The broad objective of this paper was to examine Nigerian women's perception of the attainment of the MDG goal of reduction of maternal mortality or improvement of maternal health. From the point of view of pregnant women in Imo State, Nigeria, this study specifically sought to:

1. examine the perception of pregnant women in Imo State about the state of maternal health in Nigeria;
2. find out the view of pregnant women in Imo State about the extent of improvement, if any, in the state of maternal health in the country between 2000 and 2015;
3. find out the level of confidence reposed in the state of maternal health in the Nigeria by pregnant women in Imo State; and
4. know the perception of pregnant women in Imo State regarding the factors that have affected the state of maternal health in the country between 2000 and 2015.

Research questions

The research questions guiding this study are:

1. What is the perception of pregnant women in Imo State about the state of maternal health in Nigeria?
2. What is the view of pregnant women in Imo State about the extent of improvement, if any, in the state of maternal health in the country between 2000 and 2015?
3. What level of faith do pregnant women in Imo State place in the state of maternal health in Nigeria?
4. What do pregnant women in Imo State consider the factors that have affected the state of maternal health in the country between 2000 and 2015?

Literature review

Millennium Development Goals (MDGs) in Nigeria

Nigeria ventured into the Millennium Development Goals (MDGs) immediately after the United Nations Millennium World Summit in September 2000. Just like the rest of the developing nations, the Millennium Development Goals (MDGs) represent a worldwide collaborative effort set to put the wheels of national development in motion in Nigeria. According to a Mid-Point Assessment report of the Millennium Development Goals in Nigeria (2000-2007) published in 2008 by the Government of the Federal Republic of Nigeria, following the Millennium Declaration of 2000, Nigeria began the systematic implementation of several policies and programmes to help it attain the different targets set for the MDGs by 2015. Over the years, stakeholders have modified a few targets and refocused them to reflect local peculiarities as well as target more specific and measurable problems.

Odeh (2014) asserts that the first major development policy introduced by the federal government of Nigeria after the Millennium Declaration was the National Economic Empowerment and Development Strategy (NEEDS). SEEDS and LEEDS were the corresponding strategies at state and local government levels respectively. Although they were not developed exclusively for the MDGs, many of the targets in NEEDS and SEEDS were aligned with the MDGs. Nigeria's venture into the Millennium Development Goals (MDGs) immediately after the United Nations Millennium World Summit led to the establishment of the Office of the Senior Special Assistant to the President on MDGs (OSSAP-MDG) to guide the resources that would be freed up from the debt deal to MDG-related projects and programmes, whilst at the same time tracking, monitoring and evaluating their progress.

However, the prospects of the country attaining the goals have been severally questioned by the citizens, policy makers and scholars. According to Igbuzor (2011), the 2004 report which was Nigeria's first report on the MDGs states that "based on available information it is unlikely that the country will be able to meet most of the goals by 2015 especially the goals related to eradicating extreme poverty and hunger, reducing child and maternal mortality and combating HIV/AIDS, malaria and other diseases" (Millennium Development Goals Report 2004, p. iv). It further states that "for most of the other goals (i.e apart from goal 1) up-to-date data exists which shows that if the current trend continues, it will be difficult for the country to achieve the MDG targets by 2015" (Millennium Development Goals Report 2004, p. v).

Only less than 20 months to the deadline, the then President Goodluck Jonathan seemed to get into a 'panic mode' and directed the office of the Senior Special Assistant on Millennium Development Goals, MDGs, to work with the Governors of the 36 states of the Federation to ensure that they meet the targets before May 2015.

Goal Number 5 of the Millennium Development Goals (MDGs)

Out of the eight MDGs, the document expressly stated as its third and fifth goals, the pledge to promote gender equality, empower women and ensure their mental and physical well-being (Igbuzor, 2011). The fifth goal is of particular interest to this paper. The fifth goal is to improve maternal health, reduce by three quarters by 2015, reduce the proportion of women dying in childbirth and increase the proportion of births attended by skilled health personnel. The other targets of the goal are to achieve, by 2015, universal access to reproductive health, in terms of contraceptive prevalence rate, adolescent birth rate, antenatal care coverage, and unmet need for family planning (MDG Monitor 2012). It is reported that goal number

five is relatively receiving more attention than the rest of the MDGs as the deadline approaches. The British Council (2012) says that there has been a focus basically on maternal mortality because it is the only MDG where the least progress has been made.

In Nigeria, various policy initiatives have been introduced by the Federal Government in response to the health challenges facing Nigeria's women and to achieve the fifth MDG. According to British Council (2012), the policy initiatives include among others:

i. The National Health Policy revised in 2004 to provide a link to the Millennium Development Goals and the National Economic Empowerment Development Strategy (NEEDS).

ii. The National Reproductive Health Policy and Strategy 2001, which aimed to reduce pre- and neo-natal morbidity by 30%.

iii. The National HIV/AIDS Policies and Strategic Plan 2003, which provided an integrated approach to addressing transmission of the HIV virus from mother to child, among other measures.

iv. The National Guidelines for Women's Health developed in 2002 by the Government with help from UNICEF to establish services friendly to women.

v. The National Strategic Framework and Plan for Vesco-Vaginal Fistula, developed by the Federal Government in 2005.

vi. The road map for accelerating achievement of the MDGs that cover maternal and newborn health, 2006. This set out priorities and strategies for reducing infant and maternal mortality.

vii. The Policy on the Health and Development of Adolescents and Young People in Nigeria, 2007. This aimed to reduce by 50% unwanted pregnancies and marriages among people younger than 18, and by 75% maternal mortality among young women.

viii. The National Health Bill, proposing the introduction of a National Health Insurance Scheme (decreed in 1999, implemented in 2005).

ix. An Integrated Maternal Newborn and Child Health Strategy, developed by the Ministry of Health in 2007. It sought to build synergy among the many programmes designed to reduce maternal, neonatal and child mortality in Nigeria.

The deadline is here; therefore, it is important to understand how the women in Nigeria perceive the actualization of the fifth MDG.

Theoretical Framework

This study was predicated on the schema theory**.** The theory was propounded by Robert Axelrod (1973). The schema theory assumes that most of our perceptions are put in context. A person tries to fit the information into the pattern which s/he has used it in the past to interpret

information about the same situation. Perception is usually based on past experiences. Humans usually want to compare a socio-political event with one that happened or was perceived in the past to see if there is a deviation or conformity. They tend to make their assessment of event using the schema of past event or using a schema of their expectation.

Based on the assumption of the schema theory, women in Nigeria would make their assessments of the progress made in actualization the fifth MDG based on any perceived improvement or extent of improvements on their past experiences. Their perceptions of the attainment of the 5th MDG are put in context. They try to compare and contrast the state of maternal health since 2000 up till now, and weigh how much have changed. Do they enjoy better maternal health now than ever before? Do they think the proportion of women dying in childbirth have reduced to the barest minimum? Is there any increase in the proportion of births attended by skilled health personnel? Do they have more access to reproductive health?

Method of study

The descriptive survey research method was adopted for this study. This was to determine the respondents' perception of the attainment of the 5th MDG (reduction of maternal mortality). Pregnant women registered in health facilities in Imo State, Nigeria, were purposively studied. 210 pregnant women were sampled in 21 (5%) out of the 416 documented health facilities in the State. Cooper and Schindler (2003) asserted that 5% of the population is ideal for a sample size, and anything that exceeds 5% may be reduced without sacrificing precision.

Area of Study

Imo State is one of the 36 states of Nigeria and lies in the south eastern region of the country with Owerri as its capital and largest city. Created in 1976, the state is named after the Imo River. The main cities in Imo State are Owerri, Orlu and Okigwe. The local language is Igbo and Christianity is the predominant religion. The State has a total population of 3,934,899. Imo State lies within latitudes 4°45'N and 7°15'N, and longitude 6°50'E and 7°25'E with an area of around 5,100 sq km. It is bordered by Abia State on the East, by the River Niger and Delta State on the west, by Anambra State to the north and Rivers State to the south.

Reliability of Research Instrument

The test-retest method of computing reliability using correlation coefficients was adopted in this study. In this method, the same people were measured at two different points in time, and a coefficient between the two scores was computed. The result of the pre-test using the Pearson Product

Moment Coefficient yielded a value of .75. This shows internal consistency of the content of the instrument.

Data Collection and Analysis

Data were gathered over a sampling period of 11 days by means of questionnaire. For clarity and understanding, the paper used tables to present its results. Out of the 210 copies of the questionnaire administered to pregnant women in the 21 health facilities in Imo State, Nigeria, only 202 copies were validly filled out.

Analysis of survey data

This section of the study contains the presentation and analysis of primary data collected from the pregnant women sampled in 21 health facilities in Imo State, Nigeria. The analysis of the primary data collected through the questionnaire was done using tables and sample percentages, while the information derived from in-depth interview was qualitatively analyzed and used to support the findings.

Table 1 addresses the educational distribution of the sampled pregnant women in Imo State.

Table 1: Educational Distribution of the Sampled Women

Qualification	Frequency	Percentage
Master Degree & above	28	14%
Bachelors / Higher National Diploma	69	34%
National Diploma	32	16%
Secondary School Cert. & below	73	36%
Total	202	100%

Table 1 shows that the bulk of the 202 sampled pregnant women, about 36% of the entire respondents, have secondary school certificate and below; this is followed by those with Bachelors/HND degree with a percentage proportion of 34%. Others include National Diploma holders (16%); and holders of Master's & higher degree (14%).

Table 2 addresses the perception of pregnant women in Imo State about the state of maternal health in Nigeria.

Table 2: Women's Perception of State of Maternal Health in Nigeria

Age Bracket	Frequency	Percentage
Under 20yrs	11	5%
21-30yrs	97	48%
31-40yrs	62	31%
Above 40yrs	32	16%
Total	202	100%

Table 2 shows that out of the 202 sampled pregnant women in Imo State, 11(5%) were under 20 years; 97(48%) were between 21 and 30 years; 62(31%) were between 31 and 40 years; and 32(16%) were above 40 years.

That is to say, majority of the sampled pregnant women were between 21 and 30 years; followed by those between 31 and 40 years.

Table 3 addresses the perception of pregnant women in Imo State about the state of maternal health in Nigeria.

Table 3: Women's Perception of State of Maternal Health in Nigeria

Option	**Frequency**	**Percentage**
Sound	88	44%
Poor	102	50%
Can't Say	12	6%
Total	202	100%

Table 3 shows that out of the 202 sampled pregnant women in Imo State, 88(44%) described the state of maternal health in Nigeria as sound; 102(50%) described the state of maternal health in Nigeria as poor, and 12(6%) could not describe the state of maternal health in Nigeria.

Table 4 addresses the views of pregnant women in Imo State about the extent of improvement, if any, in the state of maternal health in the country between 2000 and 2015.

Table 4: Extent of Perceived Improvement in the State of Maternal Health in the Country between 2000 and 2015

Option	**Frequency**	**Percentage**
Reasonable	6	3%
Average	22	11%
Low	166	82%
Never	8	4%
Total	202	100%

Table 4 above indicates that out of the 202 sampled pregnant women in Imo State, 6(3%) rated the improvement in the state of maternal health in the country between 2000 and 2015 as reasonable; 22(11%) rated the improvement in the state of maternal health in the country between 2000 and 2015 as average; 166(82%) rated the improvement in the state of maternal health in the country between 2000 and 2015 as low; while 8(4%) maintains that there has been no improvement in the state of maternal health in the country between 2000 and 2015.

Table 5 addresses the view of pregnant women in Imo State about the maternal health indicator that has experienced more improvement in the country between 2000 and 2015.

Table 5: Perceived Improvement in the Indicators of Goal 5

Option	Frequency	Percentage
Proportion of births attended by skilled health personnel	80	40%
Maternal mortality rate	122	60%
Total	202	100%

Table 5 above indicates that out of the 202 sampled pregnant women in Imo State, 80(40%) viewed proportion of births attended by skilled health personnel as the indicator that has received more improvement between 2000 and 2015; and 122(60%) viewed maternal mortality rate as the indicator that has received more improvement between 2000 and 2015.

Table 6 addresses the level of confidence reposed in the state of maternal health in Nigeria by pregnant women in Imo State.

Table 6: The Level of Faith Placed in Maternal Health Care in Nigeria

Option	Frequency	Percentage
Strong	52	26%
Tenuous	128	63%
No	22	11%
Total	202	100

Table 6 above shows the level of confidence reposed in the state of maternal health in the Nigeria by pregnant women in Imo State. Out of the 202 pregnant women sampled, 52(26%) described the level of confidence reposed in the state of maternal health in Nigeria as strong; 128 (63%) described the level of confidence reposed in the state of maternal health in Nigeria as tenuous; and 22(11%) had no confidence in the state of maternal health in the Nigeria.

Table 7 addresses the perception of pregnant women in Imo State regarding the factors that have affected the state of maternal health in the country between 2000 and 2015.

Table 7: Factors that affected Maternal Health in Nigeria between 2000 and 2015

Option	Frequency	Percentage
Socio-cultural/attitudinal issues	20	10%
Manpower issues	62	31%
Policy issues	6	3%
Infrastructure issues	22	11%
Accountability/transparency issues	92	45%
Total	202	100

Table 7 shows that out of the 202 pregnant women sampled, 20(10%) believed there were socio-cultural/attitudinal issues that have affected the state of maternal health in the country between 2000 and 2015; 62(31%) thought there were manpower issues that have affected the state of maternal health in the country between 2000 and 2015; 6(3%) indicated there were policy issues that have affected the state of maternal health in the country between 2000 and 2015; 22(11%) thought there were infrastructure issues that have affected the state of maternal health in the country between 2000 and 2015; and 92(46%) mentioned there were accountability/transparency issues that have affected the state of maternal health in the country between 2000 and 2015.

Discussion of major findings

In this section, major findings of this study as they relate to the research questions were discussed.

What is the perception of pregnant women in Imo State about the state of maternal health in Nigeria?

Analysis on Table 3 shows that 50% of the sampled pregnant women in Imo State described the state of maternal health in Nigeria as poor; 44% described the state of maternal health in Nigeria as sound; and only 6% could not described the state of maternal health in Nigeria. There is only a marginal difference between the women who said the state of maternal health in Nigeria is poor and those who said it is sound. A simple majority of the sampled women think the state of maternal health in Nigeria is sound enough for them, but if you put their responses into perspective, in view of their subsequent responses, you would realize that they only perceive the state of maternal health in Nigeria to be sound because they have received what they considered good maternal care.

In a personal communication with some of the pregnant women, they acknowledged that the state of maternal health in Nigeria was "not-so-good, but not as poorly as it is reported." According to them, there were a lot to be improved upon. The challenges faced with regard to maternal health in Nigeria include the disturbing rates of maternal death, deaths among teenage mothers and the use of unskilled birth attendants. The women also mentioned recurring stories of haemorrhage, eclampsia, sepsis and abortion complications among pregnant Nigerian women.

What is view of pregnant women in Imo State about the extent of improvement, if any, in the state of maternal health in the country between 2000 and 2015?

Analysis on Table 4 indicates that majority of sampled pregnant women (82%) in Imo State rated the improvement in the state of maternal health in the country between 2000 and 2015 as low; only 3% rated the improvement in the state of maternal health in the country between 2000 and 2015 as reasonable; 11% rated the improvement in the state of maternal health in the country between 2000 and 2015 as average; while 4% maintains that there has been no improvement in the state of maternal health in the country between 2000 and 2015.

In the areas where there are improvements, analysis on Table 5 indicates that 60% viewed maternal mortality rate as the indicator that has received more improvement between 2000 and 2015, and only 40% viewed proportion of births attended by skilled health personnel as the indicator that has received more improvement between 2000 and 2015.

The women's perception was supported by the MDG Report (2010) which states that maternal mortality in Nigeria fell by 32 per cent, from 800 deaths per 100,000 live births in 2003 to 545 deaths per 100,000 live births in 2008, but the proportion of births attended by a skilled health worker has remained low and threatens to hold back further progress.

What level of faith do pregnant women in Imo State place in the state of maternal health in Nigeria?

Analysis on Table 6 shows the level of confidence reposed in the state of maternal health in the Nigeria by pregnant women in Imo State. A majority of the sampled pregnant women (63%) described the level of confidence reposed in the state of maternal health in Nigeria as tenuous; only 26% described their level of confidence in the state of maternal health in Nigeria as strong; and 11% had no confidence, whatsoever, in the state of maternal health in the Nigeria.

Describing their confidence in the state of maternal health in Nigeria mostly as tenuous is an indication that the progress made so far in achieving the 5th MGD is less effective and not much progress is yet expected before the 2015 deadline draws to a close. The confidence in the health care system has not matched the numerous policies and strategies reportedly put together by the Government of Nigeria to meet acceptable standards in maternal health.

What do pregnant women in Imo State consider the factors that have affected the state of maternal health in the country between 2000 and 2015?

Analysis on Table 7 show that majority pregnant women (46%) sampled in Imo State thought that accountability/transparency issues have mostly affected the state of maternal health in the country between 2000 and 2015; 31% thought that manpower issues have rather affected the state of maternal health in the country between 2000 and 2015; 10% thought that socio-cultural/attitudinal issues have mostly affected the state of maternal health in the country between 2000 and 2015; 11% thought health infrastructure issues have mostly affected the state of maternal health in the country between 2000 and 2015; and 3% thought policy issues have affected the state of maternal health in the country between 2000 and 2015.

From the responses of the pregnant women sampled in Imo State, accountability/transparency issues ranks as the biggest issue that has affected the actualization of the 5th MDG in Nigeria, which is the improvement of maternal health by 2015. Other are manpower issues, socio-cultural/attitudinal issues, infrastructure issues, and to a negligible extent, policy issues.

Indeed, accountability/transparency issues are the biggest issue because the British Council (2012) lists 10 policies designed since 1999/2000 by the Federal Government of Nigeria to achieve the fifth MDG, some of which have been listed in this paper, yet the progress made in terms of achieving this goal is very low. Although several policies were instituted, such as the implementation of National Health Insurance Scheme (NHIS), Safe Motherhood Programme, development of National Vital Registration System and Making Pregnancy Safer Initiative, yet there are minimal impacts of these initiatives on maternal health. It all boils down to lack of sincerity, accountability and transparency of the Nigerian government in putting the policies or strategies into work and diligently pursuing their actualization. In short, Nigeria is a weak policy environment.

This does not discountenance the fact that the country is faced with other issues such as poor attitudes to antenatal and postnatal care and low quality of health care delivery as well as poor attitudes to reproductive health, poor state of the health infrastructure, inadequate skilled manpower in state hospitals and primary health centres, poor motivation system, inadequate funding, poor management of health sector resources, Doctors' and health workers' refusal of rural posting, etc.

Conclusion

The women's responses are indications that the progress made in Nigeria towards the attainment of the target of achieving maternal health is slow, as there are still many instances of deaths related to childbirth and patronage of unskilled birth attendants. Nigeria is moving forward in terms of reducing maternal mortality but the progress is very slow and attainment of the goal of reducing maternal mortality by two-third and improving maternal mortality by 2015 is unrealizable in Nigeria. The state of maternal health in Nigeria is "not-so-good." For this reason, the level of confidence reposed in the state of maternal health in Nigeria by Nigerian women is tenuous.

There are a lot of programmes and policies about maternal health in Nigeria, but progress, in terms of reducing maternal mortality but, as have been mentioned, is very slow; and this questions the sincerity, accountability and transparency of the government in implementing policy issues. Nigeria is therefore said to be a weak policy environment.

There is a general perception among the respondents that Nigeria has not reached the target and will not be able to actualize the goal by the end of 2015: while there is marked improvement, there is still no complete assurance among women of their safety during childbirth as women and children still die in the country daily before, during and after childbirth due to complications. Apart from the insincerity and lack of transparency and

political will to pursue health care reforms, other factors responsible for the slow progress are low ratio of births attended by skilled health workers, especially in rural areas; unfortunate attitudes to antenatal and postnatal care, poor state of health/medical infrastructure, poor motivation system, inadequate funding, poor management of health sector resources, weak transparency and accountability framework in the sector.

Recommendations

It therefore recommended that:

1. There is a need for Nigeria to declare primary health care as a national emergency in 2015 and implement those policies that will bring about structural change in the health sector and behavioural change among pregnant women. The country may have to extend that commitment to the newly declared Sustainable Development Goals (SDGs), and ensure that the proposed 17 goals with 169 targets of the SDGs are treated with more sincerity and commitment than the MDGs.
2. The cultural agencies should help to develop and apply behavioural change strategy on reproductive and basic health.
3. Issues that should be looked into include, improving the health infrastructure, training skilled manpower in state hospitals and primary health centres, developing sufficient motivation system, providing adequate health care funding and improving management of health sector resources.
4. As Odeh (2014) had recommended, the provision of reproductive health services to vulnerable populations should be made a priority. The government should ensure that health services are available to young married women, and those who cannot leave their homes. They should provide free, accessible and safe care during delivery.

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