

SOCIO-ECONOMIC STATUS OF WOMEN AND MATERNAL MORTALITY IN YAURI EMIRATE, KEBBI STATE NIGERIA

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Abstract

The rate of maternal mortality in Nigeria is extremely high (1549 deaths in 100,000 live births) and disturbing. This high rate has been attributed to the influence of various socio-economic and cultural variables. This research examined the socio-economic status of women and maternal mortality in Yauri Emirate, Kebbi State, Nigeria. The Three Delay Model of Thaddeus and Maine was used in this research. This research adopted a descriptive survey research design. 329 respondents constituted the population of this study. The data obtained from the quantitative part of this study were analyzed using Statistical Package of Social Sciences (SPSS). Qualitative data was also used to support the findings from quantitative. The study found that socio-economic statuses of married women significantly affect the rate of maternal mortality in Yauri Emirate. The study therefore recommended that socio-economic statuses of married women in Yauri Emirate should be improved, they should be empowered by the government especially governments at the grassroots level through various women empowerment programs.

Keywords: maternal mortality, socio economic status, Yauri Emirate.

Introduction

Globally, maternal mortality has been an issue of concern to the government, professionals in the health sector, families of women of child bearing age and women in general because of the loss of life associated with it. According to World Health Organization (WHO) (2014), the rate of maternal mortality is high (1 in 150) among adolescent girls that are under 15 years of age in the developing countries like Nigeria compared to 1 in 3800 in the developed countries like Canada, United States, etc. Over the years developed nations were able to curtail maternal mortality rates in two ways. The decline in maternal mortality rates was first achieved by engaging the service of well trained and skilled birth attendants (Okonofua, Ntoimo, & Ogu, 2018). Secondly, maternal mortality curtailed in those developed countries through medicines innovations and technological breakthrough (Okonofua, Ntoimo, & Ogu, 2018).

According to National Center for Educational Statistics (2008), Socio-Economic Status (SES) refers to the combination of sociological and economic factors, which are used to measure a person's work experience and of an individual's or family's economic and social position in relation to others, based on income, education, and occupation. Muoghalu (2010) explained that socio-economic factors such as poverty and lack of education have contributed to the prevalence of maternal mortality in Nigeria.

In Yauri for instance, issues relating to access and utilization of health care services by pregnant women is largely dependent on their financial status. Many women in Yauri emirate have lost their lives due to pregnancy complications which would have been easily managed if they have had access to qualitative health care services. To them several factors such as the cost for paying hospital bills, cost of transportation and even poor state of the health care facilities have contributed significantly to the high rate of maternal mortality. The lower-income status have been more profound in the rural areas and thus limiting women's access to maternal health care services due to the associated cost of the medical and transport sector as well (Gholampoor et al., 2018; Herteliu et al., 2015; Fiori et al., 2014). Their financial condition is one of the reasons why many pregnant women seek cheap alternative such as traditional healthcare practitioners and unskilled birth attendant. It is against this background that this research examines the socio-economic factors leading to maternal mortality in Yauri Emirate, Kebbi state, Nigeria (Okonofua, Ntoimo, & Ogu, 2018).

Literature Review

According to Adgoy (2018), some potential social factors which affect the issue of maternal mortality in Africa have been identified. These social factors included the attitude of health care providers, economic inequity, transportation issues, insecurity, marital status, age, education, gender equity, and material and human resources. All these factors significantly contributed to the large-scale issue of maternal mortality in Africa.

Like the above-mentioned factors i.e. Social and Cultural, economic factors also significantly affect the issue of maternal mortality to a large extent in developing countries. It has been found that the residents of developing countries have a low standard of living due to fewer economic opportunities available in these countries. So, people earn less and thus having low levels of income. The problem has been more severe in the rural areas where there are limited numbers of employment opportunities not only for women but for men as well. The low level of income has direct and negative effect on one's health status and development as well as limited access to information related to the health sector. All this accounted for the high rates of maternal mortality in the rural areas of the developing world (Adgoy, 2018). People in urban areas have more access to information as compared to the rural areas and it has been depicted by the data provided by United Nations International Children's Emergency Fund (UNICEF) 2007) that statistics, in urban areas, 18.7% of women and 6.3% of men have no access to information, while in rural areas, 52.5% of women and 22.6% of men have no access to information depicting a huge gap in terms of access to information associated to the low levels of income. Thus, decreased levels of information regarding maternal health led to unawareness of the various complications associated with maternal health. Ignorance about these complications often led to maternal deaths especially in the rural areas where the accessibility and affordability of maternal health care services have been nowhere to be found.

The household economic status has an important bearing on the issue of maternal mortality. The high-income households avail themselves improved healthcare services in the shape of private clinics and hospitals as compared to the middle and lower-income groups and thus fought with the issue of maternal mortality. Thus, households residing in cities were having far better economic status and also can access health services more frequently and easily due to availability of various types of maternal health services (Gholampour et al., 2018). According to a study conducted by Adetoro (2011), in Nigeria, various economic factors such as the economic status of women, lack of access to wealth and resources, difficulty in gaining employment, cost of medical bill, and government underfunding of health services contribute towards the issue of maternal

mortality in the country. Another study carried out by Fawole and Adeoye (2015) in the country has examined the impact of household women's position on maternal care utilization. It has been found that women's control over financial resources contributed significantly towards the utilization of maternal healthcare services and thus decreasing the maternal mortality rates. Results further indicated that working women often seek health care services as compared to housewives. This may be the fact that working women have financial resources to afford the health care services and also they were more informed about the necessity of seeking health care services as compared to the non-working women.

Theoretical Framework

This research adopted the Three Delay Model propounded by Thaddeus and Maine in 1994. It was adopted because it best explains issues relating to culture and socio economic factors. This model has been used in various studies such as Mgawadere and Adegoke(2017) Reproductive age mortality survey (RAMOS) in Mangochi, Malawi and in another study by Mgawadere, Unkels, Kazembe, and Broek (2017), factors associated with maternal mortality in Malawi.

The first delay is delay in deciding to seek quick medical services which affected several women and therefore increased maternal death. Delay in deciding to seek health care among women in Nigeria is caused by several factors which include poor understanding or knowledge of the woman in complications and risk factors in pregnancy, poor financial status, low social status, poor previous experiences of health care. The second delay is delay in reaching healthcare services. This is also a factor that increases the rate of maternal death in Nigeria (Ghloampour et al., 2018). The delay in reaching the health care facility can be caused by several factors such as distance to the health care center or hospitals, availability of transportation, cost of transportation and availability of funds, poor roads and infrastructure as well as other geographical factors. Finally the third delay is delay in receiving medical services. It is also a factor that is associated with adequate and access to health care facilities such as poor facilities, lack of medical supplies, lack of equipment, inadequately trained personnel and poorly motivated medical staff. Many hospitals in rural areas in Nigeria are lacking all of these (Okonofua, Ntoimo, & Ogu, 2018).

One of the major shortcomings of this model is that it was only able to identify the triggers of low access to health care it did not recommend intervention strategies. However, the model was able to explain and identify those socio economic factors that affect utilization of health care services by pregnant women which then eventually lead to their death in Yauri Emirate (Ghloampour et al., 2018).

Methodology

This research adopts descriptive research design. It was conducted in Yauri emirate because of prevalence of maternal mortality in the area. It has three Local governments under it which include Yauri, Shanga and Ngaski. The total sample size of this study is 384. This sample size consists of 384 respondents. The sample size of the respondents was determined using Z score formula. The sample size was divided among the three Local governments (Yauri, Shanga and Ngaski). 128 respondents were selected from each of the three local governments using snowballing method. The researcher employed a primary data (questionnaire). The data presentation and hypotheses testing were done with the aid of the Statistical Package for Social Sciences (SPSS version 24).

Results

Socio-Demographic Characteristics of Respondents

Table 1: Age, Marital Status and Numbers of Children of the Respondents

Age	Frequency	Percentage
18-27	96	29.2
28-37	131	39.8
38 and 47	67	20.4
48 and above	35	10.6
Total	329	100.0
Marital status		
Marriage	278	84.5
Divorced	11	3.3
Widowed	28	8.5
Single mother	12	3.6
Total	329	100.0
No. of children		
None	43	13.1
1-5	206	62.6
6 -10	63	19.1
11 -15	17	5.2
Total	329	100.0

Table one presents the socio-demographic characteristics of the respondents concerning age, marital status and the number of children. Concerning the age, the data showed that 39.2% of the respondents were within their late youthful age (28-37), 29.2% of the respondents are within their early youthful age of (18-27), 20.4% of the respondents are within the age of 38-47 and 10.6% of the respondents were elderly (48 years and above). As at the time the study was conducted, it was a period when maternal mortality was prevalent in Yauri. Women of all ages are becoming concerned about the phenomenon. After all, they are affected directly since they are in the childbearing age or indirectly because their children and siblings are in the childbearing age.

Concerning marital status, the table shows more than half of the respondents were married with 84.5%, as against 8.5% of them who were widowed, 3.6% were single mothers while the Divorced constituted 3.3%. From this result, most of the respondents in Yauri were married. And they have experience childbirth. With respect to the number of children, the data showed that 62.6% of the respondents had between 1-5 children, 19.1% had between 6-10 children, 13.1% of the

respondents never had children while 5.2% had 11-15 children. Hence, majority of the responses of this research had between 1-5 children.

Table 2: Ethnicity, Religion and Highest Educational Attainment

Ethnicity	Frequency	Percentage
Hausa	217	66.0
Yoruba	24	7.3
Igbo	10	3.0
Others	78	23.7
Total	329	100.0
Religion		
Islam	297	90.3
Christianity	28	8.5
Others	4	1.2
Total	329	100.0
Highest Educational Attainment		
Informal education	63	19.1
Primary education	114	34.7
Secondary education	92	28.0
Tertiary education	43	13.1
others specify	17	5.2
Total	329	100.0

Table 2 presents the continuation of socio-demographic characteristics of the respondents with respect to ethnicity, religion and highest educational attainment. The result on ethnicity shows that majority of the respondents are Hausas with 66.0%, followed by others with 23.7%, Yorubas constituted 7.3%, and the Igbos constituted 3.0%. This implies that majority of the residents in Yauri were Hausas which suggested that the study area was dominated by the Hausas since it is in the Northern part of Nigeria. Also, a substantial number of respondents which is 90.3% practice Islam, 8.5% practice Christianity while 1.2% practice other religion. From the result, Islam was found to be the dominant religion among the respondents. Also, a walk around the Yauri revealed that there were mosques in almost every street compared to churches or other religious institutions. In addition, the study found that 34.7% of the respondents had primary education, 28.0% of the respondents had secondary education, 19.1% had informal education, 13.1% had tertiary education while 5.2% had other forms of education. From the result, most of the women in the study area had low educational attainment because they only had primary education.

Table 3: Occupation and Income per Month

Occupation	Frequency	Percentage
Petty Trading	199	60.5
Civil servant	87	26.4
Others	43	13.1
Total	329	100.0
Income per month		
Less than N1,000	158	48.1
N1,001 – N10,000	34	10.3
N 10,001 - N 20,000	21	6.4
N 20,001 - N 30,000	8	2.4
N 30,001 and above	108	32.8
Total	329	100.0

Table three presents data on socio-demographic characteristics of the respondents with respect to occupation and income. In terms of occupation 60.5% were into petty trading, 26.4% were civil servants, while 13.1% had other occupations. The result, therefore, found that many women were at home engaging in petty trading.

In respect to their income, almost half of the respondents 48.1% of the respondents earn less than ₦ 1,000, 32.8% of them earned from ₦ 30,000 and above on monthly basis, 10.3% of the respondents earned within the range of ₦1,001- ₦10,000, 6.4% earned within ₦10,001- ₦20,000, 5.5% earn less than ₦ 1,000 while 2.4% of the respondents earned within ₦20,000 and ₦30,000. This result, therefore, means that many of the women in the area are not earning any income. They, therefore, have to depend on others such as their husband for financial support when pregnant.

Table 4: Economic Status And Maternal Mortality

Variables	Frequency	Percentage
Enough money to pay for health care services		
I don't know	73	22.2
No	182	55.3
Yes	74	22.5
Total	329	100.0
Affordability of the cost of transportation to hospital		
No	30	9.1
Yes	299	90.9
Total	329	100.0
Cost of transportation		
Nothing	94	28.6
less than 100 naira	158	48.0
101 to 200 naira	77	23.4
Total	329	100.0

Table 4 shows the lack of money to pay for health care services. 55.3% of the respondents indicated that they don't have enough money to pay the hospital bills when they seek health service while 22.5% of the respondents had enough money to pay the hospital bills. This result implies that the women in Yauri community do not have enough money to pay for the hospital bills when they seek health care service this most especially is because they are not working. This result therefore shows that the funds for the health care of the women don't come from them because they don't have the financial capacity but rather their husbands and fathers. Therefore, since they are struggling to meet pay the bills they may not want to go to the hospital but rather look for an alternative like giving birth at home or consulting traditional birth attendant who may be cheaper and even more negotiable.

Table 4 also shows that 90.9% of the respondents indicated that the cost of transportation to the healthcare centre is affordable while 9.1% indicated that the cost was not affordable. This implies that the cost of transportation to the healthcare centre was affordable for those women in the study area and this does not constitute the reasons for the delay in reaching the healthcare facility. With regards to the cost of transportation, 48.0% of the respondents indicated that the cost is less than 100 naira while 23.4% indicated that it is between 101 to 200 naira. This implies that cost of transportation is not expensive but rather another reason for the delay in reaching the healthcare facility.

Hypothesis Testing

The hypotheses used in this study was tested using Linear Regression. The meaning of some of the symbols contained in these analyses is: B, Std. Error, Beta, t, Sig, R, R Adjusted R², F and df. Their meanings are; B = The regression coefficient (unstandardized), Std. Error = Standard Error, Beta = Probability of Type II error, t = Test statistic for Student's t-test, Sig = level of Significance, R = The multiple correlation coefficient, Adjusted R² = The coefficient of determination (i.e. the proportion of data explained by the model), F = F-ratio (test statistic used in Anova) and df = Degrees of freedom.

H0: The socio-economic statuses of married women do not significantly affect the rate of maternal mortality in Yauri Emirate

H1: The socio-economic statuses of married women significantly affect the rate of maternal mortality in Yauri Emirate

Table 5: Summary of regression analysis showing the relationship between socio-economic statuses of married women and the rate of maternal mortality

	B	Std. Error	Beta	T	Sig
(Constant)	.772	.173		4.459	.000
Age	.002	.029	.004	.072	.942
Marital status	-.037	.036	-.058	-1.034	.302
No. of children	.192	.038	.275	5.062	.000
Ethnicity	.059	.021	.152	2.754	.006
Religion	-.106	.077	-.075	-1.376	.170
Highest educational attainment	.084	.025	.186	3.353	.001
Occupation	.100	.033	.214	2.998	.003
Income per month	.008	.016	.035	.479	.632

(R = -.395^a; Adjusted R² = .135; F = 7.411; Sig. 0.000^b; df = 8)

Table 5 shows the simple correlation between socio-economic statuses of married women and the rate of maternal mortality (R) of $-.395^a$. The simple correlation result shows that as socio-economic statuses of married women improve positively, the rate of maternal mortality will reduce. The relationship between the two variables is moderately negative. A multiple adjusted R square of 0.135 in the result means that 13.5% of the variation in the rate of maternal mortality is accounted for by a change in the socio-economic status of the married women.

The effect of the joint contribution of the independent variable (socio-economic statuses of married women) on the dependent variable (rate of maternal mortality) was significant ($F = 7.411$; $df = 8$; 329 ; $p < 0.05$), which means that our regression model effectively predicted the outcome. Furthermore, the Table reveals the relative contribution of the components of the independent variables to the dependent variable, which are expressed in Beta weights and t-test. No. of children made the most significant relative contribution to rate of maternal mortality ($B = .275$, $t = 5.062$ (329); $p < 0.05$) followed by highest educational attainment ($B = .186$, $t = 3.353$ (329); $p < 0.05$) this is followed by occupation ($B = .214$, $t = 2.998$ (329); $p < 0.05$) this is followed by ethnicity ($B = .152$, $t = 2.754$ (329); $p < 0.05$) this is followed by religion ($B = -.075$, $t = -1.376$ (329); $p > 0.05$) this is followed by marital status ($B = -.058$, $t = -1.034$ (329); $p > 0.05$) this is followed by income per month ($B = .035$, $t = 0.479$ (329); $p > 0.05$) this is followed by age ($B = .004$, $t = .072$ (329); $p > 0.05$) respectively. Therefore no. of children, highest educational attainment, occupation and ethnicity significantly affect the rate of maternal mortality.

It should be noted that childbearing weakens the body of the woman and can expose her to maternal mortality if it is not well managed. Similarly, this as indicated by all the respondents showed that more than 80% of the women were not educated beyond primary education. This aligns with the demography of the respondents which showed that the majority of the women under study had only primary education. This forms the basis for the reasons why many of these women do not even know what to do when they observe certain abnormally during pregnancy. The third is occupation. It is only when you are employed that you can have access to income. Therefore any woman without an occupation cannot be thinking of having a good income. Since health is associated with money, women without occupation have to solely depend on their husbands for financial aid. Many families have to grapple with what to eat and drink before thinking of their health.

Therefore, only women who can feed well can reason about health care. The study, therefore, rejects the null hypothesis which states that the socio-economic statuses of married women do not significantly affect the rate of maternal mortality in Yauri Emirate and accept the alternative hypothesis which states that the socio-economic statuses of married women significantly affect the rate of maternal mortality in Yauri Emirate.

Discussions

The study found that the socio-economic statuses of the married women in the study area significantly affect the rate of maternal mortality in Yauri Emirate. This finding corroborated the findings of Adetoro (2011) that the socio-economic status of women contributes to the issue of maternal mortality in Nigeria. Among all the socio-economic variables that pertain to the women in the area, the research has been able to establish that number of children, level of educational attainment, occupation and ethnicity are those variables that significantly affect the rate of maternal mortality. This means that the more the women continue to give birth as the study has found, the weaker their body and the more they are to maternal mortality if they continue to subject themselves to childbearing processes. Similarly, the less educated the women are, the more vulnerable they become to maternal mortality because their level of ignorance would be

high. Many of those women that are less educated are not familiar with some issues such as infections and malnutrition. Hence, the rise in the level of ignorance has accounted for the rise in the rate of maternal mortality.

Also, occupation is another socio-economic variable that significantly affects the rate of maternal mortality. There is no way a woman can be economically independent if she is not engaged in one form of occupation or the other. In Yauri Emirate therefore, women are full-time housewives who solely depend on their husbands for financial support. This finding is corroborated by Adgoy (2018) social-economic factors such as marital status, age, education, gender, occupation, income that significantly affect the rate of maternal mortality in Africa have been identified. However, among the six variables that were identified in the study of Adgoy (2018), only education and occupation were upheld. Therefore it is only a woman with an occupation that can expect income and it is only a woman with income that can independently care for her maternal issues.

Conclusion

Based on the findings of the research, it is concluded that socio-economic statuses of married women to a large extent contributes to the high rate of maternal mortality in Yauri Emirate since many of the women gives birth to many children, which makes their body easily worn-out. In the same vein many of those women have only primary education which is not a sufficient level of educational qualification in this 21st century. This is why many of them are highly ignorant. The level of the socio-economic status is relatively low and this is obvious in their occupation because almost half of the women in the community are unproductive economically, the community is in serious economic crises as well as the family because they would constitute a liability.

Recommendations

To curb the growing rate of maternal mortality in Yauri Emirate, the state government as well as the local government should provide improved and affordable healthcare facilities in all the health care facilities just as some of the stakeholders have been encouraged by the findings of this study to provide support. To improve on the socio-economic statuses of married women in Yauri Emirate, parents need to ensure that they give women from the stage of a girl child access to proper education since many women in the study area had primary education they should allow them to acquire secondary education and if possible tertiary education because it will reduce their level of ignorance as identified by some of the stakeholders. Finally also to improve on the socio-economic statuses of married women in Yauri Emirate, they should be empowered by the government most especially those governments at the grassroots through various women empowerment programs.

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