Influence of Information, Education and Communication in reducing the Rate of Maternal Mortality in Potiskum General Hospital Yobe State Nigeria

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Abstract: *The research work looked at the role played by information, education and communication-IEC-in reducing maternal mortality in General Hospital Potiskum, Yobe state. The purpose of the study was to find out the existing policies, programmes and strategies used in reducing maternal mortality in the hospital, to assess the impact of information, education and communication-IEC- in reducing maternal mortality as well as mapping out some measures that will help in improving the maternal health in General Hospital, Potiskum. Data for the study was obtained qualitatively through questionnaire, in depth interview and documentary sources. Findings showed that though there is no written policy in the state on reducing maternal mortality, priority is giving to health sector. The study revealed that IEC activities such as health talk, health programmes and jingles on radio help immensely in reducing creating awareness, therefore, reducing maternal mortality rate in the hospital. The researcher suggested for a written policy and political commitment from policy makers as well as societal commitment from the part of the community.*

I.   Introduction

The state of maternal health is one of the key indicators of a society's level of development, as well as an indicator of the performance of the health care delivery system [NPC.NDHS.2003]. Consequently, reduction in maternal mortality is a major agenda of many global initiatives such as the Millennium Development Goals (MDGs). However, one year to 2015, the year targeted for achieving a global reduction in maternal mortality, the continuing high rate of maternal mortality ratios in Nigeria remains worrisome. According to the UN and World Bank statistics, an estimated 144 women die each day in Nigeria from pregnancy related complications, making her one of the worst countries for women to deliver babies in the world [Daily Champion,2009].

Available statistics indicate that Nigeria's 59,000 annual maternal deaths ranks second after India's 117,000 maternal deaths, in terms of global hierarchy of the burden of maternal mortality. However, India with a population of over one billion people reduced its maternal mortality from 136,000 to 117,000 between 2000 and 2005. By contrast, Nigeria's maternal deaths rose from 37.000 in 2000 to 59,000 in 2005 with a population of 140 million[Abdul Aziz.1.2008].

Likewise wide variations exist across the geopolitical zones. The North-East zone has the highest maternal mortality rate (MMR) of 1,549/100,000 live birth, compared to 1657 100.000 live births in the South-West zone, an almost tenfold difference. There is also a marked urban-rural
variation in maternal mortality rate (MMR): 351/100,000 (urban) to 828/100,000 (rural)[FMOH,2005].

Since the return of democratic rule in 1999 the Nigerian government has shown a greater commitment to substantially reduce maternal, newborn and child mortality as well as meeting the MDG budgets and targets. The federal budgetary component of health expenditure has increased from the 1999 N16 billion (17% of the federal budget) to N63.2 billion (6.4%) of the 2002 budgetary expenditure6. The federal figure of 2006 was about N102 billion (5.6% of the budgetary proposal) representing a 40% increase in actual revenue, but a decrease in the percentage of the budget allocated to health [Idogho,2004].

Nevertheless, the budgetary allocation for health is still below the 15% signed by the Nigerian government in the Abuja declaration (2001).Policies and strategic frameworks have been formulated and approved in the health sector in order to improve the provision of health in the Nigerian population especially women and children.

II.   Statement of the problem

In spite of all the policies, declarations, conferences and other efforts aimed at reducing the scourge of maternal deaths across the globe, only modest gains in maternal mortality reduction appear to have been achieved in many countries in the past 20 years (Shah and Say, 2007). Countries in Africa may have actually lost ground while many developing countries have fallen far short of the standards set by the World Health

Organisation's initiative on Safe Motherhood. In Nigeria, the Federal Ministry of Health had set Year 2006 as the target year that maternal mortality would have been reduced by 50 percent. However, not only were these targets not achieved but also the maternal health situation in Nigeria is now much worse than in previous years (Ujah et al, 2005). Past efforts to reduce maternal mortality ratio in Nigeria were concentrated on making direct improvements to the health system. These efforts have not involved enough resources to successfully reduce maternal mortality in the country.

In view of this lack of success. Shiftman and Okonofua(2007) noted that the high maternal mortality in the country will have to be tackled by generating sufficient political priority to make governments deploy enough resources to successfully reduce maternal mortality in Nigeria.

This study, will therefore, look at the role of posters, handbills, billboards, health talk, radio jingles and documentaries in reducing maternal mortality in General Hospital, Potiskum.

III. Objectives of the study

The objective of the study was
1. To assess the influence of information, education and communication in reducing the rate of maternal mortality in General Hospital, Potiskum.

Research Question.

Do information, education and communication have any impact in reducing maternal mortality in General Hospital, Potiskum?

Hypothesis

There is no significance differences in the influence information, education and communication in reducing the rate of maternal mortality in General Hospital Potiskum, Yobe State

IV. Methodology

This study adopts the qualitative research approach which refers to several methods of data collection. It was for these reasons that Wimmer and Dominick (1990) observed that,"qualitative research techniques can increase the researcher's depth of understanding of the phenomenon under investigation. This is more so especially when the phenomenon under study has not been previously investigated".Out of the four most common qualitative techniques i.e field observation focus groups, intensive interviews and case studies, it is the last technique that the researcher used in this study. The case study is considered to be more appropriate than any of the three because, according to Wimmer and Dominick (1994) in NLira (2004). "A case study uses as many data sources as possible to systematically investigate individuals, groups, organizations or events, case studies performed when a researcher needs to understands or explain a phenomenon". Adamu (2010) also defined case study as anin depth investigation of a single or small number of units the unit may he individual people, patients, group or organizations. One of the most common uses of the case study method is evaluation of a servicecase studies involve the collection of qualitative or quantitative information or a combination of both"

Instruments for Data Collection

The research will use documentary analysis in analyzing and assessing the policies, programs and strategies use in the hospital in reducing maternal death. Documentary analysis according to Hefferman (2001) is a research tool on its own right in social science research, documentary work according to him also involves reading of written document and scans through it and make a qualitative analysis. .

This is because, the key issues surrounding types of documents and our ability to use them as reliable sources of evidence on the social world must be considered by all who use documents in their research (Scott, 2006). For the purpose of this research, a qualitative documentary analysis will be used in analyzing and assessing the programms.

The research will also make use of indepth interview techniques to interview the staff of the maternity unit of the hospital. Indepth interview according to Osuola, (1982) is a conversation carried out with the definite aim of obtaining certain information. Indepth interview is a technique design to elicit a vivid picture of the participant's perspectives on the research topic where the person interviewed is considered an expert and the interviewer as student.

The indepth interview is relevant to this work because it will be used to get elaborate information from few respondents about their opinions and experiences on the topic.

Lastly, the research will make use of survey, in addition to the two above, using structured questionnaire on the influence the information communication have on to obtain some information on the subject matter. A questionnaire is a research instrument consisting of series of questions and other prompts for the purpose of gathering information from the respondents,

V. Results

This chapter of the research work deals with the presentation and analysis of data collected. The presentation and analysis is done to answer the research questions raised.

For any research to be worthy of being acknowledge, it has to lucidly present the data collected using the consciously selected methods and procedure[s] bearing in mind the objectives and research questions of the study.

The tables below show data generated from the questionnaires administered to the pregnant women. One hundred questionnaires were distributed but only 98 were returned. This is considered a fair retrieval percentage and it was on this number that the analysis was carried out.

Table one: age distribution of the respondents

YEARS	FREQUENCY	PERCENTAGE
18 - 27	20	20 %
28 - 37	38	39 %
38 r 47	30	31 %
47 and above	10	10 %
TOTAL	**98**	**100 %**

Source: questionnaire, 2014

The above table indicated that most of the respondents are those ranging between the ages of 28 to 37 which occupied 39% of the total respondents they might be the reproductive age of the area of study; then followed by those within the range of 38 to 47 years.

Table two: level of education

	NUMBER OF RESPONDENTS	PERCENTAGE
Not been to school	2	2 %
Primary school	10	10 %
Junior secondary school	11	11 %
Senior secondary school	37	37 %
Tertiary education	39	40 %
TOTAL	**98**	**100 %**

Source: questionnaire, 2014

The table above shows that most of the respondents are educated; it shows that the level of education determines the level of ante natal attendance. Those that never been to school and attending ANC are less just 2%.

Table three: Source of Information

	NUMBER OF RESPONDENTS	PERCENTAGE
Radio	22	23 %
TV	5	5 %
Health talk	65	66 %
Billboard and posters	1	1 %
Others	5	5 %
TOTAL	98	100 %

Source: questionnaire, 2014

The table above shows that 66% of the respondents learnt about maternal mortality through the daily ANC health talk,22% heard about the maternal mortality in a radio health programme 'garin muna fata'.5% heard it through TV and billboard.

VI. Discussions

Majority of the respondents identified health talk during antenatal care health programmes on radio as the main sources of their information on maternal mortality. All the respondents affirmed that they are benefitting immensely from such talk as it changes their lifestyle: positively. The indepth interview conducted on the nurses and midwives also confirmed this as they observed an increase in ANC attendance as well as an increase in delivery in the hospital which subsequently reduced the rate of maternal mortality in the town. However, an interview were conducted with health personnel's suggest that Improving health education programme during ANC, sustenance of free medical attention to pregnant women, training and retraining of health workers on maternal and child interventions, effective and constant monitoring and evaluation of

maternal and child health care programmes, and paying more attention to advocacy/sensitization campaign and community dialogue are importance issues in reducing maternal mortality in Potiskum Yobe State.

VII.   Conclusion

It is worthy to mention here that improving maternal health is the number 5 goal of the MDG or simply, reducing maternal mortality by two-third by the year 2015. Though the research was conducted in Potiskum town, an urban centre where majority of them arc literate and aware of the maternal death, its causes and consequences, those in rural areas need more awareness campaign and accessibility to health facilities in order to improve and enhance their quality of health so as to help in reducing maternal mortality in Yobe State.

VIII.   Recommendations

For General Hospital Potiskum and by extension Yobe State Government to realize the goal of reducing maternal mortality to a manageable ratio, the following measures are suggested.

a. Legislative and policy actions:Long term political commitment is an essential prerequisite in realizing this goal. When decision/policy makers at the highest levels are resolved to address maternal mortality through good policies, the resources needed will be mobilized and the essential policy decisions will be taken. Without this level of commitment over long term, projects cannot become programmes and activities cannot be sustained.
b. A societal commitment to ensuring sale pregnancy and birth must be in place. Involving communities and stakeholders through advocacy, sensitization and town hall meetings in the regular analysis of maternal deaths and promotion mechanisms for local accountability help to ensure that commitment is maintained over the long term and that resources are allocated as needed,
c. Improvements in access to, and quality of, health care. The aim must be to ensure that all pregnant women have access to a skilled attendant at the time of delivery and to the necessary care for obstetric complications when they arise.
d. Setting up of a committee to develop a work plan with strategies aimed at reducing, maternal mortality as done in other states.

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