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Community Participation Strategies for Curbing Maternal Mortality among the O-Kun Yoruba of Ijumu, Nigeria

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Abstract: The main thrust of the study was to investigate, the most potent and relevant Community Participation (CP) strategy for curbing maternal mortality among the O-kun Yoruba of Ijumu community, Kogi State, Nigeria. Data for the study were generated mainly through multi-stage sampling technique by the use of questionnaire administered to 65 respondents randomly selected from seven communities in Ijumu Local Government are Univariate, Pearson product moment co-efficient of correlation and preference-based techniques were used for data analysis. The major finding of the study revealed that community participation strategy by any people or community generally, rests mainly on economic-rational consideration. The study therefore, recommends a paradigm shift from the conventional strategies of community participation in curbing maternal mortality in developing countries to a re-focus on economic-rational factors.

Key words: Participation, empowerment, strategies, mortality, preference-based techniques

INTRODUCTION

In the developing world, several cases of maternal deaths are reported daily in the media in modern times. A maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, regardless of the site or duration of pregnancy, from any cause related to or aggravated by the pregnancy or its management (Lucas and Gilles, 2008).

Year 2015 has been the United Nations target for global improvement in its Millennium Development Goals (MDGs). The extent to which this target date can be realistic with reverence to maternal health in most of the developing countries is still shrouded in mystery to certain critical observers. This is because in most developing countries, complications of pregnancy and child birth are still the leading causes of death among women of reproductive age (Maine, 1997; McCarthy and Maine, 1992). In 1977, WHO and UNICEF estimated that 585,000 women die each year from problems associated with pregnancy and child birth. It is instructive to note that these deaths occurred mainly in developing countries where, maternal mortality ratios per 100,000 range from 50 in East Asia to 640 in Africa, whereas they are 20 or less in developed countries (Lucas and Gilles, 2008).

The statistics on mortality in the preceding paragraph show that <1% of maternal deaths occur in developed countries, revealing that they could be avoided if resources and services were available. According to experts, the life-time risk of dying from pregnancy-related disease is 1 in 16 in Africa but only 1 in 4,000 in some developed countries (Table 1).

Table 1: Women's risk of dying from pregnancy and childbirth

Region	Risk of dying
All developing countries	1 in 48
Africa	1 in 16
Asia	1 in 65
Latin America and Caribbean	1 in 130
All developing countries	1 in 1800
Europe	1 in 1400
North America	1 in 3700

Lucas and Gilles (2008)

With particular reference to Nigeria, her Maternal Mortality Ratio (MMR) stood at 1,100/100,000 live births in 2005 as compared to Canada and Australia with reported cases of 7/100,000 population and 3/100,000 populations, respectively. In 2009, 580,000 women were reportedly dying yearly as a result of maternal deaths and Nigeria is believed to be having 2% of the world population but accounts for 10% of these deaths, estimated at 50,000 women a year (Imosemi, 2009). According to Ideh (2009) 1 in 800 women die as a result of pregnancy-related complications in Nigeria. In Lagos State, Nigeria alone, there is an alarming under five mortality rate of 85/100,000 live births and maternal mortality rate of 650 in 100,000 live births (Idris, 2009).

The concept of community participation: Participation in a general sense is the involvement of the members of a particular community in the formulation of public policy or its implementation and usage. That is, it is involvement of the local people in the development process of their community as a whole (Green, 1986; Huff and Kline, 1999). The following, the three interpretations of participation, which reflect the different aspects of development:

- Participation means, in its broadest sense, to mobilize people and thus, increasing their willingness to respond to development programs, as well as to encourage local initiatives
- Participation includes people's involvement in decision-making process in implementing programs, sharing in the benefits of development programs and their involvement in efforts to evaluate such programs
- Participation involve organized efforts to increase control over resources and regulative institutions in given social institutions on the part of groups or movements of those hitherto excluded from such control (Huff and Kline, 1999)

For the purpose of this analysis, the third interpretation of participation which defines participation in terms of the people's access to resources and rights is being adopted for this analysis. Quite often, it is forgotten that participation is more than the mere contribution of money, material or labour to a development programme by the target group. It is even more than the people getting involved in the planning, monitoring and implementation of programs, or sharing in the benefits of such programmes. Beyond all these, participation is a political process, which enables community members to acquire a 'say' in decision-making and they also have a measure of control over facilities' providers who are supposed to serve their needs (Oakley, 1989).

Participation within the context of this study, therefore, is an empowering process, which enhances the socio-economic, legal and political status of the female gender. This theoretical exploration of maternal mortality in Nigeria therefore, hypothesizes that curbing maternal mortality through community participation in the developing world, by way of women empowerment especially, is a more realistic approach than other programmes hitherto put in place for fighting this socio-medical plague.

MATERIALS AND METHODS

This is a social survey of a descriptive type. To corroborate data from the literature, discussions based on purposive random sampling were held with some key informants including medical doctors, nurses, nursing mothers, social workers and health educators in Ijumu Local Government Area of Kogi State, Nigeria.

Out of a total of 95 questionnaires distributed to subjects on the issue under reference, 85 turned in their completed questionnaires. This forms 89% of the total; this is considered statistically significant enough to continue with the study.

Preference-Based Analysis (PBA) is used in this analysis since expectations provide a problem of choice (preference) for people to act or not to act. Preference-based analysis is used in this study therefore, for prioritizing the major community participation strategies identified in literature for curbing maternal mortality.

Seven CP strategies identified from the literature for curbing maternal mortality that were deemed relevant for this study were ranked by each community. The mean preference score of each strategy by each community was used as the criteria for ranking. The individual preference score of each CP strategy was summed up and averaged at each community level to obtain the mean preference score. The CP strategies under review include the following:

- Information and community education
- Advocacy
- Education
- Raising the status of women (women empowerment)
- Family planning
- Pre-natal and post-natal services
- Training of Traditional Birth Attendants (TBAs)

The ranking order of each CP strategy gives identification for the independent variables (X_1-X_7) in each community.

Each community was asked to give a score between the ranges of 1-10 to each of the CP strategy (ascending order of priority) (Table 2).

Study area: This study was conducted in seven communities in Ijumu Local Government Area of Kogi State in Nigeria.

Table 2: The ranking of community participation strategies for alleviating maternal mortality by communities

	Communities						
Community Participation Strategies (CPS)	A	B	C	D	E	F	G
Family planning services	2 (3.16)	2 (2.15)	2 (2.14)	3 (5.21)	3 (4.16)	4 (3.15)	4 (2.170)
Advocacy	2 (4.05)	2 (4.33)	3 (3.10)	2 (4.01)	2 (5.22)	1 (4.22)	5 (5.600)
Information and community education	2 (5.23)	1 (6.15)	2 (5.12)	3 (4.46)	2 (4.10)	2 (3.65)	3 (3.250)
Women empowerment	1 (3.60)	2 (5.33)	1 (4.60)	4 (3.16)	1 (2.15)	1 (3.26)	1 (5.230)
Training of traditional birth attendants	3 (3.42)	5 (4.23)	7 (2.10)	6 (3.01)	2 (4.52)	4 (4.21)	6 (3.110)
Formal education	4 (4.32)	5 (4.12)	3 (4.44)	2 (5.21)	3 (4.21)	6 (3.12)	5 (2.340)
Pre-natal and post-natal services	1 (5.21)	4 (3.14)	3 (4.31)	5 (3.10)	2 (5.24)	3 (4.13)	6 (2.111)

Researcher's survey (2009)

Quality control: Validity test and pre-test of the instruments were done by lecturers in the Department of Sociology, University of Ilorin, Nigeria. A reliability co-efficient of 0.85 was obtained with the use of Pearson product moment correlation co-efficient.

Data analysis: Data obtained through the instrument of a structured interview guide were analyzed through the techniques of Univariate, Pearson product moment co-efficient of correlation and preference-based analysis and discussed under the various sub-headings as they related to the subject matter.

RESULTS AND DISCUSSION

There was a kind of uniformity in the communities' ranking of four of the CP strategies. These are: family planning, advocacy, information and community education and women empowerment. Five of the communities (A, C, E, F and G) ranked women empowerment 1st, while the other two (B and D) ranked it 2nd and 4th, respectively. Four of the communities (A, B, D and E) also ranked advocacy 2nd, while the other three (C, F and G) ranked it 3rd, 1st and 5th, respectively. Also, information and community education was ranked 2nd by four communities (A, C, E and F) while the other three (B, D and G) ranked it 1st, 3rd and 3rd, respectively. Family planning was ranked 2nd by 3 communities (A, B and C) and the other four (D, E, F and G) ranked it 3rd, 3rd, 4th and 4th, respectively.

This study has revealed that certain CP strategies such as family planning, advocacy, community education and women empowerment appeared to be the most crucial CP strategies for alleviating maternal mortality in the study area with the latter (women empowerment) scoring highest preference score among the respondents. The most interesting revelation from this study is that whatever, strategy is used for community participation in health matters, the economic-rational factor seems to take the pre-eminence and this is in conformity with Simon's (1976) observation that man simply chooses among several alternatives the action that is most suitable for achieving an end. And this latter view also, corroborates the strongly held view in the literature that these variations in the ranking of CP strategies in community participation are not unexpected because community participation is situational varying with thee existing or prevailing circumstances in the community (Rifkin, 1986).

CONCLUSION

This study has brought to the fore the fact that most of the strategies cited in most Public health and bio-medical science study for curbing maternal mortality in developing world may be necessary but definitely not sufficient for achieving the desired objective. For instance, the factors of providing the following:

- Community-based services (primary health care)
- Essential obstetric care at a first referral center to deal with complications
- Effective communication and transportation between the community-based services and the first referral centre, etc

Are no longer adequate to deal with the problem of maternal mortality in Nigeria. It should be noted that even though the suggested therapies for curbing maternal mortality as highlighted above seem laudable, however, the options appear inadequate in bringing a lasting solution to the alarming rate of maternal morbidity and mortality in the developing world. This is because, they have failed to take into cognizance other remote causes like poverty, low level of awareness, little or no formal education, the predominance of culture and beliefs systems, etc., which are common socio-demographic characteristics of a greater majority of the womenfolk in Nigeria. In short, these traits are encapsulated under the general concept of non-empowerment within the scope of this study.

The major finding of this study is that health related behaviour at all levels especially in developing societies usually pass through the test of rational and logical analysis. Government, philanthropists, non-governmental organizations and health facilities providers will do well to improve the economic status and standard of living of their citizenry as this appears to be a crucial prerequisite for their participation in development projects generally, especially in the developing world.

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