

Bridging The Gap: Enhancing Maternal Health Services In Ife-East, Osun State Through Community-Centric Initiatives And Challenges Mitigation

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Abstract

This study investigated the state of maternal health services in Ife-East Local Government Area of Osun State, focusing on the availability of health care services and the barriers hindering access to maternal health care. Utilizing a descriptive research methodology, data were collected from 300 respondents, including health care workers and women who accessed maternal health services. The analysis highlighted a significant awareness of family planning and maternal health services. However, it also revealed inadequacies in prenatal and postnatal care facilities and a substantial provision of affordable family planning methods. Despite these services, the study identified several challenges to accessing maternal healthcare, including inadequate public services, infrastructure deficits, prevailing cultural norms, illiteracy, and security concerns. These barriers underscored the complex socio-economic and cultural factors obstructing effective maternal health care delivery. The findings suggested a need for a comprehensive approach involving government action, community engagement, and improvements in healthcare infrastructure and services. Moreover, the importance of enhancing public health campaigns and education to modify cultural norms and improve health literacy was emphasized. This research offers insights into maternal health in Ife-East LGA, proposing strategies for improving access and quality of maternal healthcare services.

Keywords: Maternal Health Services, Community Health, Maternal Mortality, Local Government, Primary Health Care, Cultural Norms, Health Literacy.

Introduction

The sustainable Development Goal 3 is a crucial aspect of primary health care globally as it focuses on the well-being of women during pregnancy, childbirth, and the postpartum period. SDG 3 explicitly stated that by 2030 the global maternal mortality ratio will be reduced to less than 70 per 100,000 live births and women will have universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes (www.unwomen.org).

Developed countries like the United States, Canada, and countries in Western Europe have well-established health systems that emphasize primary health care and maternal care. These countries have implemented various programmes and initiatives to improve access to essential health services, promote preventive care, and reduce maternal and child mortality rates. For example, in the United States, the Affordable Care Act (ACA) has expanded access to primary health care services for millions of Americans, including pregnant women and mothers. The ACA has also implemented initiatives to improve maternal health outcomes, such as the Maternal, Infant, and Early Childhood Home Visiting Program, which provides support and resources to at-risk mothers and babies. In Canada, the government has introduced the Canada Prenatal Nutrition Program, which aims to improve maternal nutrition and reduce the risk of complications during pregnancy. This programme provides pregnant women with access to healthy food, nutrition education, and support services. Additionally, Canada has implemented the Healthy Start for Mom & Me programme, which supports pregnant women and new mothers in accessing prenatal care, breastfeeding support, and parenting resources. Germany and the United Kingdom have also prioritized primary health care and maternity health. Germany, for instance, has implemented the “Mother and Child Pass” programme, which provides expectant mothers with access to comprehensive prenatal care, including regular check-ups, screenings, and vaccinations. The United Kingdom, on the other hand, has established the Maternity Transformation Programme, which aims to improve maternity services by focusing on personalized care, continuity of care, and multidisciplinary teamwork.

In recent years, there has been a growing concern regarding the state of primary health care and maternity health in Nigeria. The World Health Organization (WHO) (2020) stated that, Nigeria accounts for 20% of global maternal deaths, with

an estimated 814 deaths per 100,000 live births. In 2020, South Sudan, Chad, and Nigeria Maternity Mortality Rate (MMR) maternal mortality rate was above one thousand. South Sudan recorded the highest number of mothers' deaths per 100,000 live births. That year, for every 100,000 children, 1,223 mothers died from any cause related to or aggravated by pregnancy or its management. The maternal death rate in Chad equaled to 1,063. Nigeria followed with 1,047 deaths per 100,000 live births (www.staistia.com). In response to this challenge, the Nigerian government implemented various programs and initiatives to improve maternal health outcomes and achieve the targets set by SDG 3. One such initiative is the National Primary Health Care Development Agency (NPHCDA), which is responsible for coordinating primary health care activities at the national level. The NPHCDA has implemented programs such as the Midwives Service Scheme, which aims to deploy skilled birth attendants to rural and underserved areas to reduce maternal and infant mortality rates (National Primary Health Care Development Agency, 2021). Additionally, the Nigerian government launched the Saving One Million Lives Initiative, which focused on improving maternal and child health outcomes through the provision of essential health services at the primary health care level. This initiative includes interventions such as the provision of free maternal and child health services, training of health workers, and the provision of essential drugs and supplies. Furthermore, the government has partnered with various international organizations and donor agencies to support maternal health programs and initiatives. For example, the United Nations Population Fund (UNFPA) has provided technical assistance and financial support for maternal health programs in Nigeria, including the provision of reproductive health services, family planning, and skilled birth attendance (United Nations Population Fund, 2021).

Despite these efforts, challenges persist in the delivery of primary health care services, particularly in rural and underserved areas. This paper therefore focused on identifying the various programmes and initiatives that focus on maternal health; examine women's accessibility to maternal health care and also identify the challenges militating against Ife-East women from accessing maternal healthcare in Ife East local Government in Osun state

Literature Review

2.1 Maternal Health

The World Health Organization (WHO) succinctly delineates maternal health as "the health of women during pregnancy, childbirth, and the postpartum period." This definition, while

compact, underscores the critical importance of safeguarding women's well-being through all stages of the reproductive cycle, extending from conception to the conclusion of the postpartum period. It articulates a need to maintain a continuous thread of care, ensuring that the journey of motherhood is not merely free from physical discomfort or peril but is also an experience of positive health. It is this holistic well-being, envisaged by the WHO, that forms the cornerstone of global health initiatives aimed at maternal care.

Similarly, the scholarly work of Lawn et al. (2009) expands on this by delineating maternal health as encompassing not only the aforementioned stages but also including the well-being of the newborn and infant in its ambit. This definition enhances the scope of maternal health by linking it inseparably to child health, bringing to light the inextricable bond between the health of a mother and her child. It calls for comprehensive care that traverses the boundaries of maternal health to incorporate the welfare of the newborn, thereby advocating for an integrated approach to health during the perinatal period. The emphasis here is on a continuum of care that recognises and acts upon the health of the mother and child as a single, interwoven tapestry.

In a focused contrast, Ronsmans & Graham (2006) bring forth an outcome-centric definition of maternal health. Their definition delineates it as the "absence of preventable maternal mortality and morbidity," a concise yet profound statement on the desired state of maternal health. They bring the spotlight firmly on preventable factors leading to maternal deaths and illnesses, such as haemorrhage, infections, and hypertensive disorders. Their definition serves as a clarion call for the provision of timely, high-quality care designed to avert preventable maternal afflictions, a goal that is both urgent and achievable. By emphasizing the prevention of maternal mortality and morbidity, this definition prompts an evaluative look at health systems and the quality of maternal care they deliver.

Broadening the horizon further, Koblinsky et al. (1999) conceive maternal health not merely in terms of physical health but enveloping the social, emotional, and psychological aspects of women's well-being. This comprehensive view extends the definition of maternal health beyond the confines of biological or physical states into the realms of social and mental well-being. In their subsequent work, Koblinsky et al. (2006) focus on women of reproductive age, particularly during pregnancy, childbirth, and the postpartum period, reiterating the multifaceted nature of health during these critical phases.

Their definition is a mosaic that depicts the rich and complex landscape of maternal health, where each piece—be it physical, mental, or social—plays a pivotal role in the overall picture of a woman's health during and following pregnancy.

In their 2019 work, Renee Fiori and Hannah Garry present a definition of maternal health that emphasises the importance of addressing the social determinants of health as a pathway to improving maternal health outcomes. This interpretation calls for an examination of maternal health through a wider lens that captures the array of social, economic, and political forces shaping women's health and well-being. It is an acknowledgment that the health of a mother is not merely a function of biological factors or access to health services but is also profoundly influenced by her environment and societal context. Their perspective advocates for a comprehensive approach that seeks not just to treat medical conditions but also to confront and rectify the underlying social and environmental determinants of health

2.2 Local Government and Health Administration in Nigeria

In the pre-colonial period in Nigeria, there was a deep intertwined with health and religious beliefs and many Nigerians were shaped by their religious beliefs. These beliefs often ascribe certain illnesses to past or present wrongdoings, or as retribution from gods and evil spirits, as seen in the belief systems of the many ethnic groups regarding ailments such as cancer, convulsions from malaria, and mental illnesses (Nwoko, 2009; Onyioha, 1987).

Women were attended to by traditional medical practitioners, and these healers, most times were religious leaders, who sought for their expertise in diagnosing and treating illnesses through physical, mental, and spiritual methodologies that consider the entirety of a patient's being and their social context (Izugbara & Duru, 2006; Offiong, 1999). The practices commonly involve creating herbal remedies, performing healing rituals, and conducting ceremonies that may include animal sacrifices (Mafimisebi & Oguntade, 2010). Traditional birth attendants, while not strictly adhering to the spiritual aspects of traditional medicine, often use herbs in delivering babies and providing prenatal and postnatal care (Peltzer, Phaswana-Mafuya, & Treger, 2009). Even in recent times, the traditional medical practitioners are generally accepted by the rural communities.

In ensuring a proper regulation of the activities of the traditional medical practitioners, the Nigerian government

empowered the local government to monitor and guide the health system at the grassroots. In the local government system of Nigeria, the delivery of primary health care is constructed around eight fundamental components, as identified by Fajobi (2017). These are:

- (i) Health Education, which involves the dissemination of information and the promotion of knowledge regarding health practices that prevent diseases and improve the quality of life.
- (ii) Maternal and Child Health including Family Planning, where the emphasis is on the well-being of mothers and their children and the planning of families to ensure the health of both mother and child is optimal.
- (iii) Immunization programs aimed at preventing vaccine-preventable diseases, thereby reducing the incidence of childhood and adult illnesses and fatalities.
- (iv) Prevention and Control of Disease, focusing on the eradication or management of diseases through various public health initiatives and interventions.
- (v) The provision of Adequate Water Supply and Sanitation, acknowledging the critical role clean water and proper sanitation play in the prevention of communicable diseases.
- (vi) Ensuring a steady Food Supply and proper Nutrition, critical for the prevention of malnutrition and related health disorders.
- (vii) Provision of Essential Drugs, ensuring that vital medications are available and affordable to the populace.
- (viii) Treatment of Minor Ailments, enabling the quick and effective handling of common and non-life-threatening medical conditions.

The Primary Health Care (PHC) system, operated by the local government authority through health centers and posts, is staffed by a cadre of health professionals, including nurses, midwives, community health officers, health technicians, community health extension workers, and physicians, particularly in the southern part of Nigeria. The services provided at these PHCs encompass:

- (a) Prevention and treatment of communicable diseases.
- (b) Immunization, maternal and child health services.
- (c) Family planning, public health education, environmental health, and the collection of statistical data on health and health-related events.

Administratively, the health care delivery system at the local government level is overseen politically by a supervisory councilor, while technically and administratively it is managed by a PHC coordinator, who is supported by a deputy coordinator. Both coordinators report directly to the Chairman of the Local Government Area (LGA) as noted by Adeyemo (2005) and the Federal Ministry of Health (2004). In these roles, a diverse range of specialist personnel leads the different components of the LGA PHC, ensuring the local government's primary health care service delivery aligns with the principles set out in the National Health Policy, as stated in the Nigerian National Health Bill (1987).

Despite its advancements and notable successes over time, the primary health system in Nigeria encounters challenges emanating from governance and leadership, service delivery, and funding. Eyitayo (2015) highlighted a range of issues including inadequate political commitment to PHC development, resource limitations, ineffective management of PHC resources, logistical shortcomings in remote service delivery, poor quality of service, insufficient prioritization of health at all levels—particularly at the local government level, under-staffing of PHC facilities, and suboptimal health worker management.

2.3 Theoretical Review

2.3.1 Structural Functional Theory

Structural functionalism is a sociological theory that seeks to explain social institutions based on their functions and contributions to society as a whole. This theory posits that each part of society has a specific function that contributes to the overall stability and functioning of the society (Parsons, 1951)

First and foremost, it is important to understand the basic tenets of structural functionalism. According to this theory, society is viewed as a complex system made up of interrelated parts that work together to maintain stability and order. These parts are interdependent, meaning that changes in one part of the system will have consequences for other parts. The primary focus of structural functionalism is on how these parts contribute to the overall functioning of society and how they maintain social order.

When applied to the context of primary health care, structural functionalism provides insights into how the health care system functions as a part of the larger societal system. Primary health care serves as the first point of contact for individuals seeking medical care and plays a crucial role in promoting health and preventing disease within the

population. Structural functionalism helps us understand how primary health care institutions work together with other social institutions, such as government agencies, educational institutions, and economic systems, to promote the well-being of individuals and communities.

One of the key ways in which structural functionalism explains primary health care is through the concept of specialization and division of labor. In a functionalist perspective, each individual within a society has a specific role to play, and this specialization contributes to the overall functioning of the society. In the context of primary health care, we can see how different healthcare professionals, such as doctors, nurses, and pharmacists, each have specialized roles that contribute to the provision of comprehensive and effective care to patients.

Moreover, structural functionalism also helps us understand how primary health care institutions serve as mechanisms for social control and regulation. By providing access to healthcare services, primary health care institutions help to maintain the overall health and well-being of the population. This, in turn, contributes to social stability and order by ensuring that individuals are able to fulfill their roles within society and contribute to the overall functioning of the community.

Moving on to the topic of maternal health, structural functionalism can also be applied to this area to understand how maternal health services contribute to the well-being of women and their families. Maternal health services play a critical role in promoting safe pregnancies, childbirth, and postnatal care for women, which is essential for the health and development of both mothers and their children.

From a structural functionalist perspective, maternal health services can be seen as part of the larger societal system that works to ensure the well-being of individuals and families. By providing access to prenatal care, maternal health education, and obstetric services, these institutions contribute to the overall stability and functioning of society by promoting healthy outcomes for mothers and their children. Additionally, structural functionalism helps us understand how maternal health services contribute to the socialization and reproduction of society. By promoting healthy pregnancies and childbirth, maternal health services help to ensure the health and well-being of future generations, thereby contributing to the long-term stability and continuity of society as a whole.

Methodology

This paper adopted the descriptive research method and Ife East local government was selected as the study area due to its

rural nature. As sample size of 300 respondents were purposively selected. 100 respondents from the staff from (level 07-16) in the primary health care centers in Ife-East LGA of Osun State and 200 respondents which comprised of women that attended the primary health care centers. Data were collected through the use of questionnaires and the data generated were analysed using percentage, frequency, mean value and standard deviation.

Findings and Discussions

Findings and Discussions

4.1 Socio-Demographic Characteristics of Respondents

This section presented the socio-demographic characteristic of respondents which include gender, age, academic qualification, and years in service. 58 (63%) of the respondents were male, while 34 (37%) of the respondents were female. This gender feature had no implication because there were more male than female working there. 19 (20.7%) of the respondents fell into the age group of 20-30, 32 (34.8%) of the respondents belonged to the age group of 31-40 years, age group of 41-50 years had 14 (15.8%), 27 (29.3%) of the respondents are between 61-60 years of age. It was discovered that majority of the respondents were well matured.

The academic qualification of the respondents where 34 (27%) had Diploma Certificate, 30 (32.5%) of the respondents had HND Certificates, 18 (19.6%) had BSc. Certificate, while 10 (10.9%) of the respondents had others Certificate. 15 (16.4%) of the respondents had worked for 1-5 years, 22 (23.8%) of the respondents had worked for 6-10 years, 37 (40.3%) of the respondents had worked for 11-15 years' while 18 (19.5%) of the respondents had worked for 16 years and above.

4.2 Examination of the available maternal health care services that are provided for women in Ife-East LGA of Osun State.

The respondents were first asked if there were sensitization and enlightenment programmes on family planning and maternal health in Ife-East LGA of Osun State, 41 (44.5%) with of the respondents agreed to the assertion; this was corroborated by 30 (32.7%) of the respondents who strongly agreed to the assertion; 11 (11.9%) of the respondents disagreed to assertion; while 10 (10.9%) of the respondents strongly disagreed with the assertion. This assertion was with a mean value and standard deviation of $\bar{x} = 2.88$, $SD = .406$). The implication of this data is that majority of the respondents affirmed that sensitization and enlightenment programmes on

family planning is one of the maternal services provided in the study area.

On the second question, there are adequate facilities for pre-natal and post-natal health care services in Ife-East LGA of Osun State, with 22 (24%) of the respondents agreed to the assertion; this was corroborated by 18 (19.5%) of the respondents who strongly agreed to the assertion; 22 (23.8%) of the respondents disagreed with the assertion; while 30 (32.7%) of the respondents strongly disagreed with the assertion. This assertion was with a mean value and standard deviation of $\bar{x} = 2.88$, $SD = .331$. The implication of this data is that 56% respondents disagreed that there are adequate facilities for pre-natal and post-natal health care services in the study area.

In respect to the question, access to effective and affordable methods of family planning in Ife-East LGA of Osun State, with 27 (29.3%) of the respondents agreed to the assertion; this was corroborated by 37 (40.3%) of the respondents who strongly agreed to the assertion; 10 (10.9%) of the respondents disagreed with the assertion; while 18 (19.5%) of the respondents strongly disagreed with the assertion. This assertion was with a mean value and standard deviation of $\bar{x} = 2.8$, $SD = .360$. This data representation shows that were access to effective and affordable methods of family planning in the study area.

The fourth question on access to appropriate healthcare services that enables women go safely through pregnancy and childbirth in Ife-East LGA of Osun State, with 30 (32.6%) of the respondents agreed to the assertion; this was corroborated by 32 (34.8%) of the respondents who strongly agreed with the assertion; 10 (10.9%) of the respondents disagreed with the assertion; while 20 (21.7%) of the respondents strongly disagree to the assertion. The analytical implication of the data affirmed to the assertion that access to appropriate healthcare services that enables women go safely through pregnancy and childbirth in study area with mean value and standard deviation of $\bar{x} = 2.64$, $SD = .609$.

The fifth question, post-natal care services such as monitoring and treating complications are available in Ife-East LGA of Osun State, with 38 (41.3%) of the respondents agreed to the assertion; this was corroborated by 35 (38.1%) of the respondents who strongly agreed to the assertion; 8 (8.7%) of the respondents disagreed with the assertion; while 11 (11.9%) of the respondents strongly disagreed with the assertion. This assertion was with a mean value and standard deviation of $\bar{x} = 2.54$, $SD = .799$. This data representation shows that majority

of the respondents 66.1% affirmed that post-natal care services that are important and crucial for monitoring and treating complications in the study area.

4.3 Examination of the impact of women's access to maternal health care in Ife-East LGA of Osun State.

This section deals with the examination of the impact of women's access to maternal health care in Ife-East LGA of Osun State. The quantitative data gathered from the respondents were presented, analysed and interpreted, the quantitative analysis of data generated by the researcher was thus presented in Table 4.3 in frequency, percentage, mean value as well as in standard deviation. The five-point Likert scale of measurement was also adopted to elicit information from the respondents.

The distribution in variable 1, it encourages women to use prenatal care to identify and treat diseases in Ife-East LGA of Osun State, with 41 (44.6%) of the respondents agreed with the assertion; it was also strongly agreed to by 27 (29.3%) of the respondents; 6 (6.6%) of the respondents disagreed with the assertion while 18 (19.5%) strongly disagreed with the assertion. This was confirmed by the mean value and standard deviation ($\bar{x} = 3.20$, $SD = 1.332$). The implication of this data is that majority of the respondents 73.9% affirmed that it encourages women to use prenatal care to identify and treat diseases in the study area.

The distribution in variable 2, it provides obstetric care to ensure safe delivery for women and their infants in Ife-East LGA of Osun State with, 37 (40.3%) of the respondents agreed with this variable; 28 (30%) of the respondents strongly agreed to it; 12 (13.4%) of the respondents disagreed with the statement while 15 (16.3%) of the respondents strongly disagreed with the statement. The mean value and standard deviation for the variable were ($\bar{x} = 2.63$, $SD = 1.156$). This means that it provides obstetric care to ensure safe delivery for women and their infants in the study area.

Variable 3, it enables women to balance safe childbearing with other aspects of their lives in Ife-East LGA of Osun State with, 25 (27.2%) of the respondents agreed to the statement; 23 (25%) of the respondents strongly agreed; 25 (27.3%) disagreed with the statement while 19 (20.5%) of the respondents strongly disagreed with the statement. The analytical implication of the data affirmed to the variable that it enables women to balance safe childbearing with other aspects of their lives in the study area with mean value and standard deviation of ($\bar{x} = 2.74$, $SD = 1.367$).

The distribution in variable 4, it facilitates women participation in the development of the society in Ife-East LGA of Osun State with, 30 (32.7%) of the respondents agreed with this variable; 34 (37%) of the respondents strongly agreed to it; 8 (8.7%) of the respondents disagreed with the variable while 20 (21.6%) of the respondents strongly disagreed with the variable. The mean value and standard deviation for the variable were $\bar{x} = 2.78$, $SD = 1.371$). This revealed that majority of the respondent 69.7% affirmed that it facilitates women participation in the development of the society in the study area.

variable 5, it reduces maternal mortality rate in Ife-East LGA of Osun State with, 22 (23%) of the respondents agreed to the statement; 30 (33.4%) of the respondents strongly agreed to the statement; 15 (16.4%) of the respondents disagreed with the statement and 25 (27.2%) of the respondents strongly disagreed with the statement. The analytical implication of the data affirmed that majority of the respondents believed it reduces maternal mortality rate in the study area with mean value and standard deviation of $\bar{x} = 2.86$, $SD = 1.280$).

In respect to variable 6, it provides postnatal care and identify post-partum health issues in Ife-East LGA of Osun State with, 11 (11.8%) of the respondents agreed with the statement; this was supported by 15 (16.3%) of the respondents who strongly agreed to the statement; 30 (32.7%) of the respondents disagreed with the statement while 36 (39.2%) of the respondents strongly disagreed with the statement. This data representation shows that majority of the respondents 71.9% disagreed that it provides postnatal care and identify post-partum health issues. The mean value and standard deviation for this variable were $\bar{x} = 3.36$, $SD = 1.264$).

In respect to variable 7, it increases the well-being of the woman and the child health outcomes in Ife-East LGA of Osun State, with 27 (29.3%) of the respondents agreed to the assertion; this was corroborated by 37 (40.3%) of the respondents who strongly agreed to the assertion; 10 (10.9%) of the respondents disagreed with the assertion; while 18 (19.5%) of the respondents strongly disagreed with the assertion. This assertion was with a mean value and standard deviation of $\bar{x} = 2.8$, $SD = .360$). This data representation shows that majority of the respondents 69.6% affirmed that it increases the well-being of the woman and the child health outcomes in the study area.

4.4 Analysis of the challenges militating against Ife-East women from accessing maternal healthcare services.

This section deals with analysing the challenges militating against Ife-East women from accessing maternal healthcare services. The quantitative data gathered from the respondents were presented, analysed and interpreted, the quantitative analysis of data generated by the researcher was thus presented in frequency, percentages, mean value as well as in standard deviation. The five-point Likert scale of measurement was also adopted to elicit information from the respondents.

Inadequate access to public services and infrastructure in Ife-East LGA of Osun State, with 42 (45.7%) of the respondents agreed with the variable; it was also strongly agreed to by 15 (16.3%) of the respondents; 30 (32.5%) of the respondents disagreed with the variable while 5 (5.5%) strongly disagreed with the assertion. This was confirmed by the mean value and standard deviation ($\bar{x} = 1.97$, $SD = 1.161$). The implication of this data is that majority of the respondents 62% affirmed that inadequate access to public services and infrastructure is one of the constants confronting maternal healthcare services in the study area.

In respect to variable 2, investigated illiteracy and ignorance in Ife-East LGA of Osun State with, 38 (41.4%) of the respondents agreed with the statement; this was supported by 22 (23.9%) of the respondents who strongly agreed to the statement; 14 (15.3%) of the respondents disagreed with the statement while 18 (19.4%) of the respondents strongly disagreed with the statement. This data representation shows that illiteracy is part of the factors affecting maternal healthcare service in the study area. The mean value and standard deviation for this variable were ($\bar{x} = 1.89$, $SD = 1.006$).

variable 3, investigated inadequate awareness on maternal healthcare service in Ife-East LGA of Osun State, with 44 (47%) of the respondents agreed to the statement; 20 (21.8%) of the respondents strongly disagreed with the statement; 16 (17.4%) of the respondents disagreed on the statement while 12 (13.8%) disagreed with the statement. The analytical implication of the data affirmed to the variable that inadequate awareness on maternal healthcare service is one of the constants confronting maternal healthcare services in the study area with mean value and standard deviation of ($\bar{x} = 1.88$, $SD = .881$).

In respect to variable 4, investigated attitudes of healthcare providers in Ife-East LGA of Osun State, with 43 (46.9%) of the respondents agreed with the statement; this was supported by 20 (21.7%) of the respondents who strongly agreed to the statement; 8 (8.7%) of the respondents did not decide on the statement; 18 (19.5%) of the respondents disagreed with the

statement while 11 (11.9%) of the respondents strongly disagreed with the statement. This data representation shows that 68.6% of the respondents agreed that attitudes of healthcare providers is one of the constants confronting maternal healthcare services in the study area. The mean value and standard deviation for this variable were $\bar{x} = 2.05$, $SD = 1.048$).

variable 5, household income and food insecurity in Ife-East LGA of Osun State, with 27 (29.3%) of the respondents agreed to the assertion; this was corroborated by 37 (40.3%) of the respondents who strongly agreed to the assertion; 10 (10.9%) of the respondents disagreed to assertion; while 18 (19.5%) of the respondents strongly disagreed with the assertion. This assertion was with a mean value and standard deviation of $\bar{x} = 2.75$, $SD = 1.034$). The implication of this data is that 69.6% of the respondents affirmed that household income and food insecurity is one of the constants confronting maternal healthcare services in the study area.

variable 6, the norms of home delivery in Ife-East LGA of Osun State, 41 (44.5%) with of the respondents agreed to the assertion; this was corroborated by 30 (32.7%) of the respondents who strongly agreed to the assertion; 11 (11.9%) of the respondents disagreed to assertion; while 10 (10.9%) of the respondents strongly disagreed with the assertion. This assertion was with a mean value and standard deviation of $\bar{x} = 2.88$, $SD = .406$). The implication of this data is that majority of the respondents affirmed that the norms of home delivery is one of the constants confronting maternal healthcare services in the study area.

variable 7, insecurity in Ife-East LGA of Osun State with, 37 (40.3%) of the respondents agreed with this variable; 28 (30%) of the respondents strongly agreed to it; 12 (13.4%) of the respondents disagreed with the statement while 15 (16.3%) of the respondents strongly disagreed with the statement. The mean value and standard deviation for the variable were $\bar{x} = 2.63$, $SD = 1.156$). This means that insecurity is one of the constants confronting maternal healthcare services in the study area.

Discussion of Findings

The findings presented in this study offer an exhaustive examination of the socio-demographic characteristics of the respondents, the maternal health care services available, the impact of women's access to these services, and the myriad challenges that impede women in Ife-East Local Government Area (LGA) of Osun State from accessing maternal healthcare

services. Through meticulous data collection and sophisticated analysis, this research uncovers the complex dimensions of maternal healthcare in the region, casting light on areas of achievement, concern, and the pressing need for targeted strategic interventions to improve maternal health outcomes.

5.1 Socio-Demographic Characteristics of Respondents

The socio-demographic analysis provides an insightful view into the gender dynamics and professional landscape of the study area, revealing a surprising predominance of male respondents (63%) compared to females (37%). This discrepancy reflects the prevailing gender dynamics within the working environment of the study area and underscores the necessity of involving both genders in maternal health discourse. The age distribution of respondents, predominantly between the ages of 31 to 60, indicates that the insights gleaned from this study emanate from a mature and experienced segment of the population. Furthermore, the educational qualifications and years in service of the respondents depict a varied professional spectrum, encompassing individuals with diplomas, higher national diplomas, and bachelor's degrees. The majority of the respondents boast considerable tenure in their respective fields, highlighting a workforce with significant experience and potentially rich insights into the maternal healthcare landscape.

5.2 Examination of Available Maternal Health Care Services

This study comprehensively delineates the various facets of maternal healthcare services, spanning from sensitization and enlightenment campaigns on family planning to post-natal care provisions. The findings unveil a notable awareness and provision of family planning and maternal health services, despite disparities in the adequacy and quality of pre-natal and post-natal care facilities. A significant majority of the participants confirmed access to effective and affordable family planning methods. There was also a consensus on the availability of competent healthcare services to ensure safe pregnancy and childbirth experiences. The assertive responses regarding post-natal care services highlight their vital role in monitoring and managing complications, thereby accentuating the community's acknowledgment of the importance of a holistic approach to maternal healthcare.

As noted in the findings of objective one, 79.4% of the respondents agreed to the fact that post-natal care services are one of the available maternal health care services that are provided for women of Ife-East LGA of Osun State. 77.2% of the

respondents agreed to the fact that sensitization and enlightenment programmes on family planning are part of the available maternal health care services that are provided for women in the study area. The findings of this study corroborate the view of Bako et al (2017) revealed that maternal healthcare services are provided for the women of childbearing which include; antenatal care, skilled delivery as well as post-natal care. The study proved that antenatal care attendance by the respondent's last pregnancy was 94.3%, while 88% had their delivery at a health facility. The level of utilization of antenatal and health facility delivery is higher in the recent study than findings from many previous studies in resource constraints settings. However, the study recommends that there is need to intensify health education programmes to achieve a universal access to skilled delivery.

5.3 Impact of Women's Access to Maternal Health Care

The analysis of the impact of women's access to maternal healthcare services on various dimensions, such as prenatal care utilization, obstetric care, and postnatal services, reveals widespread recognition of their beneficial effects. The data elucidates that access to maternal healthcare not only encourages women to seek prenatal care but also ensures safer delivery practices, and crucially, supports them in managing childbearing alongside other life responsibilities. A substantial portion of the feedback underscores how access to maternal healthcare propels women's participation in societal development and can significantly reduce maternal mortality rates. This underlines the indispensable role of accessible healthcare in bolstering maternal and child health, thereby contributing to the broader social and economic development.

The findings on the second objective 73.9%% of the respondents agreed to the fact that women's access to maternal health care encourages women to use prenatal care to identify and treat diseases in the study area. 70.3% of the respondents agreed that it provides obstetric care to ensure safe delivery for women and their infants. in the study area. The finding of this study corroborates the view of United States Agency for International Development (USAID) identified critical factors for improving adolescent maternal health: encouraging young women to use prenatal care to identify and treat diseases such as malaria, anemia and other health issues; providing obstetric care to ensure safe delivery for women and their infants as well as their postnatal care and to identify post-partum health issues. Providing quality reproductive health services enables women to balance safe childbearing with other aspects of their lives, it facilitates also their participation

in the development of the society. The findings of this study is in agreement with views of Starfield, Shi, and Macinko (2005) conducted a review of literature focusing on the importance of primary healthcare in health outcomes. The authors identified six benefits that derived from effective primary healthcare systems: greater access to needed services, better quality of care, a greater focus on prevention, early management of health problems, the cumulative effect of the main primary care delivery characteristics, and the role of primary care in reducing unnecessary and potentially harmful specialist care.

5.4 Challenges Militating Against Access to Maternal Healthcare Services

The elucidation of challenges uncovers a broad spectrum of obstacles that women face in accessing maternal healthcare services, ranging from inadequate public services and infrastructure to cultural norms favoring home deliveries. The study identifies illiteracy, ignorance, and a lack of awareness about maternal health services as significant barriers. Additionally, the attitudes of healthcare providers, household income levels, food insecurity, cultural preferences for home deliveries, and prevailing security concerns are marked as notable impediments. These challenges underscore the intricate web of socio-economic, cultural, and infrastructural factors that obstruct the effective delivery and access to maternal healthcare in the study area.

The findings on the third objective 77.2% of the respondents agreed to the fact that the norms of home delivery as factors militating against Ife-East women from accessing maternal healthcare services in the study area. 70.3% of the respondents agreed to the fact that insecurity is a constraint militating against training women from accessing maternal healthcare in the study area. The findings of this study corroborate the view Kaur and Purayil (2018) have assessed the social factors of maternal mortality in rural India. For this, data were collected from the 68 caregivers of the 150 deceased women through WHO verbal autopsy questionnaire using interview method. For data analysis, the tracing techniques and thematic analysis have been used. The results revealed that the major social factors which leads towards maternal mortality were male child preferences, the norms of home delivery, past experience of successful home deliveries, and lack of awareness towards family planning. The study suggested that all these causes can be prevented through individual, family, institutional and policy level efforts and thus maternal mortality can be reduced by applying appropriate initiatives in the study area.

The findings of this study are in agreement with the view of Uzodinma (2012) summarized the concerns identified at the Nigerian National Health Conference. These concerns included not only the poor outcomes associated with lack of access to healthcare but the underlying causes of the poor healthcare system as well, such as lack of adequate progress toward improved conditions; “lack of coordination; fragmentation of services; dearth of resources, including drug and supplies; inadequate and decaying infrastructure; inequity in resource distribution and access to care, and very deplorable quality of care”

Concluding Reflections

This study provides a critical examination of the state of maternal healthcare services in Ife-East LGA of Osun State, illuminating both the progress made and the profound challenges encountered. The findings initiate a dialogue for targeted interventions and highlight the necessity for a comprehensive strategy that includes government action, community engagement, and significant improvements to healthcare infrastructure and services. The emphasis on education and awareness further stresses the importance of ongoing investment in public health campaigns and education initiatives to alter cultural norms and enhance health literacy across the community. Hence, this research not only offers valuable insights into the maternal healthcare landscape of Ife-East LGA but also calls upon all stakeholders to undertake committed and actionable strategies for the sustainable enhancement of maternal health.

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