



## Health Promotion: A Strategy for Increasing Uptake of Maternal Health Care Services in Nigeria

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### ABSTRACT

Maternal health is a major concern of all countries, especially in developing countries. Everywhere in the world, Pregnancy and birth possess a risk to the life and health of women and newborns, regardless of whether a pregnancy was intended or unintended. This paper examined health promotion strategies for increasing uptake for maternal health care services by critically identifying factors that militates against maternal health services such as inaccessibility of health care services, high cost of maternal services, environmental infrastructure, information deficit, lack of education, attitudinal defects of health workers and socio-cultural factors. Guided by Salutogenic theory and health promotion strategic action areas such as, Building Healthy Public Policy, Creating Supportive Environments, Strengthening Community Actions, Developing Personal Skills and Re-orienting Health Services; encouraging women for increasing uptake of maternal health services. The paper presented suggestions to combating maternal health burdens in Nigeria and recommended that government should prioritize women in overall developmental strategies by investing in education for women, poverty reduction programme, and adequate provision and funding of healthcare facilities in Nigeria among others which can be an effective measure to reducing maternal mortality in the longer term.

**Keywords:** Maternal health, maternal health care services and health promotion strategic action areas

### Introduction

Maternal health is the health of women during pregnancy, childbirth, and the postpartum period. It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to ensure a positive and fulfilling experience, in most cases, and reduce maternal morbidity and mortality, in other cases (World Health Organization {WHO}, 2018). Maternal health is a major concern of all countries, especially in developing countries; it is not women's issue alone. It is about the integrity of nations, societies and communities. Improving women's health during pregnancy and childbirth has continued to be a global priority. Maternal health is a state of total physical, mental and social wellbeing and not just the non-existence of illness or infirmity in all issues that has to do with the reproductive age of women. Women are also fundamental to ensure the health and quality of life of the nation. According to World Health Organization, mothers are the main providers of care and the role of women in health is important to the development of a nation and uptake of maternal health care services by mothers is a way to ensure the health and well-being of the entire family.

Also, Macmillan Dictionary (2020) defined Uptake as an act of taking up or making up of something that is available. It is the number of people who want to do something such as use of services or study a particular subject. Uptake is an act of mothers accepting or taking up something on offer or any available maternal health care services. A maternal health care service has been among the most important interventions to decrease maternal morbidity and mortality, Maternal Health Care services include services such as, Family planning services, antenatal care, intra-natal care and postnatal care services given to women (World Health Organization {WHO} 2015). Arguably, Nigerian women are 500 times more probable to lose their lives in childbirth when compared to most advanced nations of the world (Owumi, Isiugo-Abanihe, Isamah&Adeshina, 2002). Owumi, et al., further noted that Nigeria is ranked second after India in global maternal incident rate and the worst in Africa. Furthermore, Nigeria's maternal mortality is reported to be 545 per 100,000 births [Nigeria Demographic Health Survey, 2008]. The prevalence of maternal mortality in Nigeria has become very disturbing as every birth procedure becomes a potential incidence. From the report above; there is at least one case of maternal mortality in every 20 live births (Elem &Nyeche, 2016). This challenge may be connected to the nation's poor maternal health care system which will provide the basis for the identification and application of appropriate health promotion strategies as an improvement package(s) for increasing uptake of qualitative maternal health services.

On the other hand, Health promotion is the process of enabling individuals and communities to increase control over their health and its determinants and thereby improve their health. It is a science and art of helping people, change lifestyle to move toward a balance of physical,

emotional, intellectual, social and spiritual health (Nigerian National Policy on Health Promotion, 2006). While, Health promotion strategies are strategies set out in the Ottawa Charter for health promotion as essentials for success in any health promotion programs, with accessibility to comprehensive reproductive health services and health promotion packages women are less likely to die in pregnancy, more likely to have healthier children and better able to balance their family and work life. Against this background, this paper examines health promotion strategies for increasing uptake of maternal health care services using Nigeria as a focal point.

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## Maternal Health

Maternal health is the health of women during pregnancy, child birth and the postpartum period. It encompasses the health care dimensions of family planning, preconception, prenatal and post natal care in order to ensure a positive and fulfilling experience in most cases, and reduce maternal morbidity and mortality, in other cases (WHO, 2018). Maternal health is not “woman issue alone”. It is about the concern of communities, societies and nations and the well-being of all the men, women, boys and girls whose own prospects in life depend upon healthy women and mothers. Maternal health care is the care given to women during pregnancy, childbirth and postpartum periods to ensure good health outcomes for the woman and baby. It is the overall wellbeing of women at the stage of pregnancy and children below age 5 years. Maternal healthcare is comprehensive as it includes educational, social, nutritional services as well as medical care during and posts pregnancy (Aluko-Arowolo&Ademiluyi, 2015).

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## Status of Maternal Health in Nigeria

Close to 200 million people inhabit Nigeria, a place considered Africa’s most populous country where nearly 20% of all global maternal deaths happen. Between 2005 and till date it is estimated that over 600 000 maternal deaths and no less than 900 000 maternal near-miss cases occurred in this country, Nigeria. The plight of women in this country has vastly impinged on the achievement of developmental plans of the nations despite successive efforts to improve maternal health outcome in Nigeria, relevant indicators in the country remaining generally poor. A woman’s chance of dying during pregnancy and childbirth in Nigeria is high, at 1 in 13 (Compared to 1 in 31 for Sub Saharan African). Pregnancy and the period surrounding it remain dangerously insecure times for the approximately 9.2 million Nigeria woman and girls who become pregnant annually (Prada et al., 2015).

Nigeria is currently the second largest contributor to maternal mortality worldwide .Each day; about 109 Nigeria women die in childbirth, which approximates to one death, every 13minutes. Currently, Nigeria ranks among the bottom five out of 191 countries with the poorest –performing maternal health service delivery systems globally. The maternal mortality ratio in Nigeria is 560 per 100,000 live births which makes the country the second largest contributor to maternal mortality worldwide (National Population Commission of Nigeria, 2014). More so, in 2015, Nigeria’s estimated maternal mortality ratio became over 800 maternal deaths per 100 000 live births, with approximately 58 000 maternal deaths during that year. By comparison, the total number of maternal deaths in 2015 in the 46 most developed countries was 1700, resulting in a maternal mortality ratio of 12 maternal deaths per 100 000 live births. In fact, a Nigerian woman has a 1 in 22 lifetime risk of dying during pregnancy, childbirth or postpartum/post-abortion; whereas in the most developed countries, the lifetime risk is 1 in 4900. The country’s estimated annual 40,000 pregnancy related deaths account for about 14% of the global total deaths placing it among the top10 most dangerous countries in the world for a woman to give birth (Global One,2015) .There is need to improve women’s health status in Nigeria.

The origin of high maternal mortality and morbidity in Nigeria (as in many other SSA countries) include weak development planning, poverty, illiteracy, and low utilization of formal maternal health care services. Other factors that necessitates poor utilization maternal health services in Nigeria include low literacy levels, high levels of violence against women and girls, early marriage and childbearing, unintended pregnancy, low use of contraceptives, the poor quality of maternity care, weak health systems and women’s low socio-economic and cultural status in the country (Ononokpono, &Azfredrick, 2014). For instance, in eight northern Nigerian states, over 80% of women are unable to read and over two-thirds of girls aged 15–19 in the same region are unable to read a sentence [Gender in Nigeria Report, 2012]. In furtherance, violence against women is also common, with about one third of Nigerian women having experienced some form of gender-based physical and sexual violence. Nigeria is ranked 152 out of 188 independent nations in the United Nations Human Development Index [United Nations Development Programme, 2015]. More than two-thirds of Nigeria’s population live in extreme poverty [The World Bank, 2015] and nearly 50% of Nigerian women currently live below the poverty line [The World Bank, 2015]. The majority of these women live in rural areas. Compared to their wealthier counterparts, poor women in Nigeria are more likely to deliver their babies unattended to [Austin et al., 2015], use of informal Antenatal care services and utilize unskilled obstetric care at birth [Babalola, 2014].

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## Factors Militating against Uptake of Maternal Health Care Services in Nigeria

**Reproductive factors:** including early age at menarche, early age at first birth, low parity and frequent birth intervals associated with increased risk of maternal mortality((Adetoro, [ND]).

**Health service factors** such as high cost of maternity services due to user fees for health services provided and professional healthcare are too expensive for many women. This high cost could be fees for the use of facilities, services and drugs. Most of the fees are outrageous and when combined with the cost of transportation to clinics and the possibility of lost wages from work, they are not just limited but highly prohibited. (Overseas

Development Institute & United Nations Children's Fund, 2009).

**Access to quality maternity services** becomes a primary obstacle basically when they need it most which is compounded by inadequate trained personnel, lack of essential supplies of drugs and basic instruments for treatment. Africa faces a health-worker crisis: on average, there are only 13.8 nursing and midwifery personnel for every 10,000 people (Overseas Development Institute & United Nations Children's Fund, 2009).

**Environmental Infrastructure:** Poor infrastructure development, Poor road infrastructure and poor transportation present another hurdle to effective care especially in rural areas; clinics are often too far away or otherwise inaccessible. Frequently, there are no roads to the nearest health facility or existing roads are impassable due to road quality, terrain, natural disasters or the rainy season. This can be particularly dangerous for women suffering from obstetric complications, where delays in reaching medical care can have permanent consequences (WHO, 2009).

- **Attitudinal defects of health workers** to maternal patients in many areas frequently stop women from accessing existing healthcare resources – maternal or others. There are aversions to surgical deliveries, unfriendly and uncompassionate attitude of health workers during pregnancies and after childbirth that creates a social and psychological distance between maternal population and the health institution limiting accessibility (WHO, 2009). Others include , socio cultural factors , cultural practices ,religion and lack of education.

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## Theoretical Framework supporting maternal health promotion

### Salutogenic Theory (1996)

Antonovsky (1996) proposed the salutogenic theory (ST) as a conceptual basis for the health promotion for the health promotion movement. This theory was also designed to focus on health-enhancing (salutary) rather than risk factors for disease, to view the person in a holistic manner rather than as at risk for a particular disease. Two central concepts in Antonovsky's (1996) theory are coherence and generalized resistance resources (GRRs) that help one avoid disease. Generalized resistance resources include external and internal resources that help one to cope with and manage life; they facilitate balance, shape health outcomes, create meaning, help one to make sense of the world and result in strong sense of coherence (SOC). Antonovsky suggested that a strong SOC creates movement towards health. When confronted with stresses, people want to be motivated to cope (meaning fullness), to believe the present challenge can be understood (comprehensibility), and to recognize that resources exist that will help them cope with the challenge (manageability).

This theory combines cognitive, behavioural, and motivational constructs. Maternal health is not "woman issue alone". It is about the concern of communities, societies and nations and the well-being of all the men, women, boys and girls whose own prospects in life depend upon healthy women and mothers. Women are dying because society has yet to decide that their lives are worth saving so this theory will motivate every woman within the child bearing age to adopt both external and internal resources. External resources such as family planning services, deciding on the effectiveness, body adaptability and availability which enable the "woman" manage herself well, antenatal services for safe pregnancy and healthy baby. Women will be encouraged to adopt risk management approach when confronted with maternal stress, because every woman at child bearing age is vulnerable to diseases or external stressors, some at higher risks while others at lesser risk (Ethiopia Public Health Training Literature, 2003).

### Health Promotion for good maternal health.

Health promotion is the process of enabling people to increase control over and to improve their health so as to reach state of complete physical, mental and social well-being (SA FamPract, 2005). It is "a process of enabling people and groups to increase control over, and to improve their health and quality of life."(*Ottawa Charter*, World Health Organization, 1986).The Global Conference in Health Promotion in Bangkok, (2005) further articulated the concept of health promotion as "a process of enabling people to increase control over their health and its determinants and thereby improve their health".The policy stated the determinants of health to encompass biology and genetics, individual behavior, social and physical environment and health services and explicitly stated that resources for health promotion are humans, technical and financial(Nigerian National Policy on Health Promotion, 2006). The Concept of Health Promotion is deeply rooted in the more socio-ecological concept of the determinants of health, where the individual (with the individual determinants of hereditary factors, sex and age) adopts health related behaviours and leads a lifestyle, influenced by social and community networks and wider socio-economic aspects, the physical environment (food, water, home, workspace, etc), and cultural and environmental conditions.

### Health Promotion Strategic action areas

Health promotion strategies of the five key health promotion action areas identified in the Ottawa Charter such as – building healthy public policy, developing personal skills, strengthening community action, creating supportive environments, and re-orient health services

**Building healthy public policy is a key strategy:** Creation of healthy public policy as a key strategy in addressing maternal health issues, healthy policy combines diverse but complementary approaches including government investing in legislation, regulations, intersect oral and inter-organizational partnerships and collaborations to ensuring safer and healthier services, i.e. healthier public services and cleaner, more accessible environments for women uptake of maternal health services (WHO, 2009).

**Develop personal skills:** such as (i) Encouragement of girl – child education. (ii)Health education counseling sessions for concise teachings on health and harmful cultural practices. (iii)Health communication and training and skills development: communication skills and training on how to be assertive at issues concerning their wellbeing.

**Creating supportive environments:** It involves implementing a variety of actions that represent supportive conditions at the structural (policy), social (including community) and individual level. Key activities created supportive environments at a variety of levels by providing instrumental supports such as food vouchers or supplements, group supports, nutritional education, counseling and home visits (Ross, 2003).

**Strengthen Community Actions: Community empowerment / Involvement.** At the heart of this process is the empowerment and involvement of communities – giving them ownership and control of their own endeavors and destinies by providing rural mobile facilities such as bicycles can help

community health workers to reach more women in rural areas, increasing distances covered fourfold, compared to walking and saving time (World Bicycle Relief, 2010). Training traditional birth attendants and provision of girl child education is inclusive.

**Re-orient health services:** Health services would be re-oriented to become more patient friendly, involving teenage, women and the community in their design. Health workers would be sensitized to the needs of child bearing women, their eligibility to avert discriminating treatment given to patients. Opening and closing hours would be re-discussed to make services friendlier. High skilled workers, proficient and dutiful are employed for questions, pregnancy complications and aversion of preventable deaths.

**Barriers to the Implementation of Health Promotion Strategy for good maternal health.**

- Higher poverty rates, which can make it difficult for participants to pay for services or programmes
- Cultural and social norms surrounding health behaviors (People are more likely to engage in health-promotion if they have the incentives to do so, the health changing behaviour has the outcome they want and that they believe they are capable of performing this health changing behaviour.
- Low health literacy levels and incomplete perceptions of health. Limited affordable, reliable, or public transportation options
- Unpredictable work hours or unemployment
- Lower population densities for program economies of scale coverage

**Prospects in Implementation of Health Promotion Strategic action areas**

Health Promotion is a process directed towards enabling people to become active in shaping their own health (“develop personal skills”), thus, exerting control over the determinants of health and for positive change, by, with, and for people as individuals or groups. To be able to take such an active role, people and groups need to be *empowered*. And when the empowerment becomes effective at the level of the individual, the person shall become “health literate”, meaning that a person/community has the skills to access, understand, and use information for health ( WHO, 2010).

**Conclusion**

Health promotion strategies encompasses a wide range of approaches that are united by the same goal, to enable people to increase control over and improve their health it is all about raising the health status of individuals and communities. It is a concept which is of high relevance to resource of poor countries as it uses a very holistic development approach and addresses many of the social, environmental, cultural systems related aspects of the determinants of health, empowering all at the heart of this agenda. To operationalize Health Promotion, the Ottawa Charter, highlighted five main action areas: These strategic components focused around five action areas such as. Build Healthy Public Policy, Creating Supportive Environments, Strengthening Community Actions, Developing Personal Skills and Re-orienting Health Services which have been explored in this paper in tackling maternal health services, maternal health problems, and motivating increasing uptake of maternal health services by women. "Maternal deaths are also caused by high cost of maternal services, poor educational status of women, environmental infrastructure, socio-cultural factors and poverty." Maternal mortality data is said to be an important indicator of overall health system quality because pregnant women survive in sanitary, safe, well-staffed and stocked facilities. If new mothers are thriving, it indicates that the health care system is doing its job. If not, problems likely exist.

**Suggestions**

- To combat maternal health problems in Nigeria, Health promotion strategies and programmes must be adapted to the needs of individual countries encompassing cultural, social, religious and economic systems.
- Access to quality health services by women is vital for reduction of maternal mortality. Health institutions should be refurbished and have up-to-date facilities. A working health system which includes provision of right drugs, adequate supplies, equipment and functioning facilities improves maternal health through reduction in numbers of higher risk pregnancies, lowering inter-pregnancy interval and reduction of preventable deaths. Medical professionals should be mobilized and retained in rural communities for the populace to access these good services and extend them to women during pregnancy and after child birth.
- Available Trained Health Workers i.e. well trained health workers, paid duly supervised and supported by a health system which can quickly provide obstetric care in emergencies.
- Reduction of user costs through free care, subsidies and vouchers and payment exemptions or eliminating fees at primary health centers which will encourage women to seek medical care rather than attempt in-home delivery or unsafe abortions. Addressing delays in receiving care in Nigeria, some organizations have begun partnering with local communities to improve their emergency transport systems to hospitals. These programmes should be expanded and should target high-risk communities in the remote-rural areas of Nigeria.

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