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WOMEN EDUCATION APANACEA FOR MATERNAL MORTALITY IN ETHIOPE EAST LOCAL GOVERNMENT AREA OF DELTA STATE

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ABSTRACT

Maternal mortality which is a pregnancy-related death is on the increase in many nations of the world, especially in Sub-Saharan regions. This phenomenon is caused by many factors which include but not limited to a low level of socioeconomic development and women education. This paper identified women education as a panacea for reduction of maternal mortality in Ethiope East Local Government Area of Delta state. The paper made use secondary source of information where literature on maternal mortality and women education were reviewed. It was noted that apart from the medical related causes (direct and indirect) of maternal mortality, certain socio-cultural and socioeconomic factors influence the outcome of pregnancy which leads to maternal mortality.

Keywords: Women Education, Maternal Mortality

Introduction

Globally, education is perceived as the basis for one's advancement in every area of life. Conscious of the great potential of education, it is pertinent that every individual is exposed to it holistically. Women over two decades have been relegated to the background as it relates to access to education. Prior to the advocacy for agenda equality in most Nigerian homes, male children are granted ultimate leverage to acquire formal education more than their female siblings. According to Olaleye (2008), the problem of women opportunities for education looms larger at the turn of the twenty-first century in Africa and that woman represents two thirds of the world illiterate adults while girls account for a similar proportion of the world's out-of- school population.

Notwithstanding the discrepancies between the educational levels of women to men, they remain productive and profiting in most of life engagement. Thus, women in actualization of the benefits therein in education, now more than ever tend to educate themselves in order to fill the gaps and take responsibilities of issues concerning them and their wellbeing. Women education as a right is a core message preached by the United Nations Human Rights (2010). The successful outcome of this is appreciated as women are now found in most demanding aspects of life such as law, medicine, business, politics, teaching, armed forces and by implication standing up for themselves. The health of women reflects both their individual biological and their socio-cultural, economic, physical environment which affect the duration and quality of their lives. Women

have particular health needs for example during pregnancy and childbirth which only them experience and suffer the negative impacts. Though these are not in themselves diseases, but normal physiological and social processes that carry health risk thus leads to death.

Maternal mortality is resultant death due to complications from pregnancy or childbirth. However, Nwokocha in Olanade, Olawande, Alabi & Imhonopi (2019) posit that this loss of lives of women in their pregnancy stage is classified among preventable deaths. Maternal mortality has been a demanding issue while addressing the wellbeing of women globally. The World Health Organization in 2015 asserts that Nigeria's estimated maternal mortality ratio was over 800 maternal deaths per 100 000 live births, with approximately 58,000 maternal deaths that year. This is enough to raise concern as it affects the lives of women in Nigeria. Azuh, Azuh, Iweala, Adeloye, Akanbi, and Mordi (2017) observe that understanding the real situation of a mother's disease condition and death is vital in dealing with the challenge of uncompromising high maternal mortality rates in Nigeria. The authors further opines that although community-based studies are few in Nigeria, most of the available studies provide mainly fragmentary hospital-based information, which is not representative in nature, as the majority of deliveries are conducted at home by traditional birth attendants (TBAs) or relatives as indicated earlier.

To address this devastating issue, women education becomes necessary. This is because as these women are being educated, they would acquire knowledge and skills relevant to addressing and preventing health issues during pregnancies. By implication, when women are educated, they tend to have better understanding of maternal health and making use of health facilities available to them rather than relying on Faith and Traditional birth homes. Hence, an innovative women education approach would serve as a vital tool in creating awareness of the causes of maternal mortality and unearth the nonmedical factors influencing deaths and morbidity among mothers in communities in Ethiope East Local Government Area of Delta state.

Conceptual Clarification

Women Education: Women's education can be defined as a kind of knowledge given to women for improving their wellbeing and standard of living. This knowledge according to Adamu in Aja-Okorie (2013) can be in form of formal, non-formal and informal education, it can also be in form of Adult Education, Community Development, Workshops, Seminars, Conferences and Training. The conception that education is a fundamental tool for personal and societal development has taking global recognition. Thus, for one to make meaningful contributions to issues of life; he or she needs quality education. No doubts many communities still frown at educating the girl-child.

However, there exit paradoxical situations where some members hold on to the opinion that when you educate a girl child, you empower her for husband while others are of the belief that when you educate a girl child you give her weapon to stand up for herself in wherever and whatever situation that comes

her way. Okeke as cited in Omoruyi and Omofonmwan (2005) drew attention to some of the myths and negative stereotypes peddled to discourage the education of females in Nigeria as follows; educated women are not respectful to their husbands, educated women are irreligious and do not encourage their children to be religious, they do not dress up to reflect the culture, educated women are unruly and bossy, educated women cause psychological instability in homes and educated women tend to be morally corrupt and promiscuous.

However, the objectives of women education as posited in Adamu (1996) include but not limited to:

1. Enable women to improve their family's health and diet,
2. Increase women's productive ability, thus raising their families' standard of living,
3. give women access to appropriate technologies, management of cooperatives and the use of loan facilities,
4. Improve women's social and culture status, enable women to discharge their responsibilities more effectively,
5. Helping women to fight their own fears and feelings of inadequacy or inferiority,
6. Educating women in all round development; that is mentally, socially, physically, psychologically, religiously and economically,
7. Make women participate fully in all the affairs of their nation and to be at centre of sustainable development,
8. Make women able to acquire their own basic needs of the society, like food, shelter, fuel, clothes and nurturing and
9. Enhance nation building in terms of economic and human development.

Women education can be likened to the entire movement and advocacy towards encouraging women to venture into education beyond the basic level so as to have equal job opportunity with their men counterparts. It can be defined as that knowledge and skill acquired by women, whatever the form; be it formal, non-formal or informal education given to women for personal, socio-economic and political empowerment. Adamu (1996) posits that it can be regarded as a kind of knowledge given to women for enhancing their self-respect and self-dignity. Women within the walls of their families are educators and mentors as what they learn are passed on to their children thereby preserving knowledge for future use. Women education goes beyond acquiring 3RS (Reading, Writing and Arithmetic), but to acquire information and knowledge necessary to confront lives situations, be makers and in charge of their destinies. In line with above, the author, further observes that women need an education which will not only help them in the search and acquisition of new skill and knowledge, but also help them acquire and strengthen values like justice, equality, honesty, truthfulness and solidarity. Aja-Okorie (2013) asserts that women's education leads directly to better economic growth for the society. It's an education which should not only give them access to knowledge, but allows them to become individuals in society.

Maternal Mortality: Maternal mortality means deaths caused by pregnancy or childbirth complications. United Nations Children Fund (2013) define maternal maternity as the death of a woman while pregnant or within 42 days of termination of

pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. Kings (2013) asserts that maternal death is often referred to as 'the canary in the mineshaft' as it is frequently used by a variety of public health agencies as an overall quality indicator of national maternity care. Corroborating the above, Olanade, Olawande, et al (2019) state that maternal mortality refers to any loss of a woman's life resulting from pregnancy complication or death within 42 days after childbirth, notwithstanding the period or site of the pregnancy, emanating from issues that are linked or escalated by the management of the pregnancy but not from accident or incidental factors. It is an issue of great concern to nations of the world as it affects the socioeconomic development of nations. According to World Health Organisation (2019) maternal mortality is unacceptably high and this can be seen from the records where about 295 000 women died during pregnancy and childbirth in 2017. More so, 94% of these deaths occurred in low-resource settings, and most could have been prevented.

World Health Organisation (2019) opines that it is in Nigeria that nearly 20% of all the global maternal deaths happen making the nation second in ranks next to India. This is in line with Nigeria Demographic Health Survey (2008) and National Human Resources for Health Strategic Plan (2012) reports that maternal mortality accounts for 59,000 deaths of women annually. Sustainable Development Goals a replacement for Millennium Development Goals; Targets 3.1 calls for a reduction in the global maternal mortality ratio(MMR) to less than 70 per 100 000 by 2030; and no country should have an MMR greater than 140 per 100 000 (WHO 2015).

Maternal mortality can be caused by different factors, these factors include; obstetric haemorrhage, sepsis, pre-eclampsia/eclampsia, obstructed labour including ruptured uterus, abortion, sickle cell disease, HIV/AIDS, severe malaria in pregnancy, viral hepatitis, among others. The WHO (2015) and other researchers such as Say, Chou, Gemmill, Tunçalp, Moller, Daniels, Gülmezoglu, Temmerman & Alkema (2014) mention that the direct causes of maternal death around the world, such as haemorrhage, sepsis, death related to caesarean section, unsafe abortion, obstructed labour, high blood pressure during pregnancy and complications from delivery, account for nearly 75% of all maternal deaths, while the rest are due to causes related to pre-existing illnesses that may be aggravated by pregnancy, such as malaria, diabetes mellitus, AIDS, iron deficiency anaemia and tuberculosis. In a study by Onochie and Egwunyenga (2019) on malaria in pregnant women in Ethiope East Local Government Area of Delta State, Nigeria, out of 207 pregnant women whose peripheral blood samples were examined for infection with malaria parasites, 60% were positive. The study further reveals that malaria prevalence of 69.1% was observed in rural communities of the area of the study this which was attributed to majority of the houses surrounded by farmlands with thick bushes and poor waste management. This implies that these women lives are already at risk during childbirth.

Furthermore, Muoghalu (2010) asserts that social, economic and cultural factors are also responsible for maternal mortality aside medical conditions. These factors are responsible for maternal mortality as a result of traditions, institutions, cultural practices, and ideologies that are discriminating against women or deny women their material and human rights to take decisions necessary for healthy living. Accordingly, Olanade, Olawande, et al (2019) posits that maternal mortality in most rural areas in Nigeria is caused by other precipitating factors that are non-medical. Thus, apart from addressing the identified medical causes of maternal mortality, other related causes must be of serious concern in other to reduce this menace in our communities and the nation at large.

Maternal health indices reflect the state of health, social and developmental well-being of any community, state or nation. Nigeria, like many developing countries did not meet the MDGs at the end of 2015 thus, this led to the SDGs 3 with targets 3.1 (by 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births) which offers another opportunity to work towards rapid reduction of maternal mortality. The urgent need to address this issue brought about Maternal and Perinatal Death Surveillance Response (MPDSR) by National Council on Health as a strategy to reduce maternal and perinatal deaths. In line with the mandate, Delta State is in the forefront of its implementation having transited from Maternal Death Review (MDR) to MPDSR in 2016 (Okonta, Tetsola & Obiasor 2019).

Accordingly, Delta State Maternal and Perinatal Death Surveillance and Response Report 2017-2018 observes that with the review of maternal and perinatal deaths, the causes of deaths are identified along with preventable factors contributing to such deaths. The reports records that the total maternal death recorded in 2017 and 2018 are 63 and 64 with an estimate of Maternal Mortality Ratio (per 100 000 live birth) of 229 and 264 respectively. Furthermore, causes of these maternal deaths in 2017 and 2018 are shown in Table 1 below:

	MATERNAL DEATH		
S/N	**REPORTED CAUSE OF DEATHS**	**NUMBER REPORTED**	
		2017	2018
1.	Obstetric Hemorrhage	12	20
2	Pre-Eclampsia/Eclampsia	10	10
3	Sepsis	7	6
4	Obstructed Labour including ruptured uterus	6	4
5	Abortion	1	1
6	Others	8	7
7	Unknown not recorded	19	16
	Total	**63**	**64**

Source: Maternal and Perinatal Death Surveillance and Response Report (MPDSR) 2019

More so, the state through its health sector is committed to reducing the MMR to the SDG target of less than 70/100,000 live births. The State is also striving to attain a

reduction in neonatal mortality to at least 12/1000 live births. To achieve the above, the following measures were adopted:

1. Development of a maternal case selection guide for various tiers of health facilities and appropriate referral.
2. The state emergency ambulances services were resuscitated to provide free and rapid transportation of referred pregnant mothers from the referring health facility to the receiving health facility.
3. Development of road map for implementation of blood transfusion service that would provide safe and quick blood transfusion in the state.
4. Strengthening the contributory health scheme for emergency care for un-booked mothers.
5. Increased involvement of Consultants in the management of pregnant mothers and neonates in the health facilities; Delta State MPDSR report 2017-2018.

Women Education in Reducing Maternal Mortality

Women education has the power of improving women's living standard and wellbeing in particular and help in enhancing the socioeconomic status of a nation and the world in general. A Chinese proverb has it that 'if you educate a man, you educate one person; If you educate a woman, you educate a nation' Adamu (1996) cited in Aja-Okorie (2013). Women education tends to enhance the holistic definition of women. In terms of manpower, politics, family up-bringing, socioeconomic, decision-making, status, dominance of negative cultures, health, etc education through its various forms have awaken in women the awareness of their right, obligations and responsibilities as effective citizen of the society to belong. One prominent factor affecting the decisions of women as it relates to their health and wellbeing is their level of education. Kim (2016) while addressing women education and its impact in fertility asserts that women's educational level could affect fertility through its impacts on women's health and their physical capacity to give birth.

Women education makes women to understand themselves better and take full control of issues concerning their health and well-being. In addressing maternal mortality rate, education is the notable concept among others that is saddled with this great responsibility. This is because when a woman is educated she tends to take adequate control of her maternal health care. Okeke, Oluwuo & Azil (2016) observe that women and their health have largely been influenced by the African culture. However, when a woman is educated, she understands that maternal health care goes beyond the state of total physical, mental, social wellbeing and non-existence of illness during pregnancies to include the ability to exercise rights of family planning. In support of this, Okeke et al (2016) further note that she has access to basic focused antenatal care, without the encumbrances of patriarchy, financial or geographical inhibitions impacting on her overall health.

Educating women goes a long a way in addressing issues relating to women's reproductive lifecycle. Olanade, Olawande, et al (2019) observe that women can go through pregnancy and child delivery safely; however this remains a mirage in Nigeria. One vital limitation of the aforementioned is because of the patriarchal system of most communities

which expects the man to adventurously take risk without any recourse of his actions, while the woman bears the brunt of the consequences such as sexually transmitted infections like Hepatitis B, HIV/AIDS among others. Another limiting reason is the fact the woman is in no position to discuss or negotiate the use of condom or family planning. This would not be the case if the woman is educated because she would have been exposed to necessity of higher standard of health care and better quality of life. In view of this, Ogu & Ephraim-Emmanuel (2018) maintain that women education inculcates in women several preventive measures of maternal mortality ranging from primordial, primary secondary and tertiary prevention of maternal mortality.

When women are educated, they acquire knowledge on primordial prevention strategies of maternal mortality. Mlambo, Chinamo, and Zingwe (2013) mention that primordial prevention deals with inhibiting the development of risk factors associated with the development of cases of maternal mortality. Supporting the above, Yar'zever (2014) agrees that primordial prevention consists of actions to minimize future hazards to health and hence inhibit the establishment of factors (environmental, economic, social, behavioural, cultural) known to increase the risk of diseases. This implies that when women are educated they feel abreast with primordial prevention such as health promotion to change wrong and harmful cultural beliefs and practices including female genital mutilation (FGM) as well as early and forced marriages which unnecessarily exposes the girl child and women as a whole to preventable mortalities and morbidities. Ogu and Ephraim-Emmanuel (2018) posit that despite the drive to eliminate these harmful practices, these practices are presently accepted as a cultural norm in areas where they are practiced in Nigeria; as they see them as an avenue to be admitted to their society as well as being held in high esteem in these societies. Thus women education would be a viable re-orientation tool of the affected areas (using a bottom-up approach) to see the dangers in these practices and thus aid an essential move in the right direction in preventing maternal mortality.

Women further have the required knowledge on how to deals with primary prevention strategies that implies inhibiting the occurrence of maternal mortality in women of childbearing age whom have been or are exposed to certain risk factors liable for worsening the incidence of maternal mortalities. According to Ogu and Ephraim-Emmanuel (2018) this is achievable through their alterations of behaviours and exposures that result in increased maternal mortality prevalence, aim to promote healthy behaviours, improve host resistance, and foster safe environments that reduce the risk of disease/adverse event occurrence. The authors further explain that this is done through general health promotion and specific protection with examples including focused antenatal care which emphasizes targeted and individualized care planning as well as birth planning; proper nutrition which is essential for adequate growth and development as well as the ability to effectively protect the body from infection and disease processes; campaign against adolescent pregnancies which is critical for ensuring that the girl child

can attain quality education and fully realize their potential.

Through education, the tenets of secondary prevention of maternal mortality are explained to women. This preventive measure involves the early detection and prompt treatment of pre-clinical pathological changes occurring during pregnancy (prenatally), during birth (prenatally) as well as those occurring after delivery (postnatally). According to Ogu and Ephraim-Emmanuel (2018) secondary prevention contributes in preventing the progression of such pathologies into adverse consequence. It also involves the provision of safe pregnancy termination services especially for instances when pregnancy poses a danger to the health of the mother etc. Being educated enable women to acknowledge that through the provision, training and retraining of skilled birth attendants at designated health facilities at the time of delivery of all pregnant women as well as to adequately manage complicated deliveries; provision of necessary obstetric equipment, instruments and materials amongst others are necessary for healthy child delivery.

Lastly, they have knowledge of tertiary prevention which entails that once a complication occurs during pregnancy it is imperative for the women to be treated in its acute clinical phase. Tertiary Prevention is achieved through the management of complications of pregnancy that lead to maternal deaths. Women education enhances their quest for solutions that soften the adverse impact caused by the pregnancy related disease on the patient's function, longevity and quality of life.

Conclusion and Recommendations

Maternal mortality reduction is essential in ensuring sustainability of the human race through preservation of the lives of women whose role is to procreate. Ensuring that these women who play a vital role in family welfare across the globe are preserved is a duty for all stakeholders. Hence the need for the educating these women on the relevance of protecting their health can never be overemphasized. The study calls on all stakeholders in rural as well as urban communities to advocate and implement women education programmes that tend to promote maternal health as a panacea for reduction of maternal mortality.

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