

ASSESSING SOCIO-ECONOMIC DETERMINANTS OF STILLBIRTH IN AKOKO SOUTH-WEST LOCAL GOVERNMENT AREA, ONDO STATE

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Abstract: This study investigated the Social and economic factors causing still birth among women in Akoko South West Local Government Area of Ondo State. Descriptive survey research design was used for the study and the population comprised all women in the local government area from which 210 respondents were randomly selected as sample for the study. Self-constructed and validated questionnaire, with reliability index of 0.75 was used for data collection. With the help of two trained research assistants, the researcher went round to collect the data. The collected data were coded into frequency tables and analysed with simple percentage and chi-square statistics. The findings showed that teenage pregnancy, malnutrition, infections, lack of adequate medical care for pregnant women, and ignorance caused still birth among women in Akoko South West Local Government Area of Ondo State. However, the study also showed that poverty was not a causative factor of still birth in the Local Government Area of the State. Sequel to these findings, it was recommended, among others, that girl child education should be made compulsory throughout the country and that adequate health care be provided for all pregnant women, free of charge, in Nigeria.

Keywords: Still birth, Education Ignorance, Malnutrition, Poverty, Teenage-pregnancy Infections, Medical care

I. Introduction

Nigeria, like many other developing nations, particularly in Africa, is still far from reducing mortality among children to such an acceptable level, despite the advances in child survival strategies, highlighted most notably by the drive for Universal immunization against life threatening vaccine-preventable diseases (Lucas and Gilles, 2003). However, Nigeria has been one of the least successful of African countries in achieving improvement in child survival during the past decades. This may not be unconnected with the poor socioeconomic and environmental development in the country. Also, ignorance, according to the researcher's observation, which frequent leads to suspicion and rejection of vaccination by pregnant women and women of reproductive age in Nigeria, may be responsible for high rate of still birth. Indeed, the resultant effect of this poor development is the high mortality, morbidity and still birth rate among child bearing women and children in the country.

Myles (1981) affirmed that still births and early neonatal deaths are very closely related and that the same obstetrical causes give rise to both, such as inadequate nutrition of the mother, poor health status of the childbearing women, low birth weight, hypoxia, asphyxia, intracranial injury, and congenital malformation. All these may occur in communities where health and social services are poorly developed as in the developing nations.

Still birth has been defined as the birth of a fetus that shows no evidence of life (heartbeat, respiration or independent movement) at any time later than 24 weeks after conception (Oxford Concise Medical Dictionary,

2003), while Myles (1981) opined that an infant who has issued forth from its mother after the 28th week of pregnancy and has not at any time after being completely expelled from its mother breathed or shown any other signs of life, is a still born infant.

Poverty is a risk factor in still birth and neonatal mortality. Infact the health risk associated with poverty begin before birth. Even with the expansion of prenatal care by Medicaid, poor mothers, especially teen-mothers, are more likely to deliver low-birth-weight babies, who are more likely than normal-birth-weight infants to be victims of still-birth (NCHS, 2004).

Education is another risk factor in still-birth, education confers intelligence and erodes ignorance. Intelligence, according to Gottfredson and Deary (2004) predict both health and longevity. In addition, educated people are more likely to be informed consumers of health care, gathering information on their diseases and potential treatment. Education is also related to a variety of health-related habits that are positively associated with good health and long life. For example, people with education are less likely than others to smoke, use alcohol or illicit drugs (Johnson, O'Malley, and Bachman 2001), and they are more likely to eat balance diets and to exercise. Alcohol, illicit drug use and cigarette smoking during pregnancy have been found to cause still-birth and low birth-weight infants (Insel and Roth 2006, Brannon and Feist, 2007; USDHHS, 2004; Wisborg, Kesmodel, Henriken, Olsen, and Secher 2001).

Furthermore, education delays marriage. The number of years spent in school and University delays early and prevents teenage marriage among female students and this invariably prevents teenage pregnancy which is a likely factor precipitating still-birth and neonatal mortality in developing nations (NCHS, 2004). In addition, education is associated with income. People who attend College and University graduates have higher average income than those who do not, and they are more likely to have a better access to health care, nutrition and lifestyle. Low income has an obvious connection to lower standards of health care (Krieger, Chen, Waterman, Rehkopf and Subramanian, 2005).

Though no nationally representative data are available for still birth rate in Nigeria, however, many authors (Njokanma and Olarewaju 1995; Owa et-al 1995; and Lucas and Gilles, 2003), revealed that infant mortality rate in developing countries, including Nigeria was as high as 100 per 1000 live birth. This may also be true of still birth rate because of the social, economic and cultural problems hindering the development of third world nations including Nigeria. Therefore this paper investigated the social and economic factors as likely causes of still birth in Akoko South West Local Government Area of Ondo State using teenage pregnancy, malnutrition, infection, lack of medical care, poverty, and ignorance as independent variables from which hypotheses were formulated for the study.

II. Methodology

Descriptive survey research design was used for the study and the population consisted of all women in Akoko South West Local Government Area of Ondo State from which 210 were randomly selected as sample.

III. Instrument

The instrument used for data collection was self constructed questionnaire. The draft copies of the questionnaire were given to a jury of 5 experts in health education and medical doctors who ensured the face and content validity of the instrument. The reliability index of the instrument was 0.75. Responses to the questionnaire followed the Likert 3 point scale of Agree (A), Undecided (UN) and Disagree (D).

IV. Data Collection

Two trained research assistants helped the researcher to administer the instrument, the questionnaire forms were collected back after one week. The retrieved questionnaire were screened, twenty-nine (16%) of them were mutilated and thus discarded while the good ones 181 (86.2%) were coded into frequency tables. Simple percentage and chi-square statistics were used for analysis.

V. Results

Table 1: Responses on whether teenage Pregnancy may cause Still Birth in Akoko South West Local Government Area of Ondo State.

Responses	Frequency	Percentage	DF	Critical Value	Calculated X ² Value
Agree	345	38.1			
Undecided	85	9.4	8	15.507	20.82
Disagree	475	52.5			
Total	905	100			

Significant at alpha level 0.05

Table 2: Responses on Whether Malnutrition may cause Still Birth in Akoko South West Local Government Area of Ondo State

Responses	Frequency	Percentage	DF	Critical Value	Calculated X ² Value
Agree	555	61.4			
Undecided	110	12.1	8	15.507	106.82
Disagree	240	26.5			
Total	905	100			

Significant at alpha level 0.05

Table 3: Responses on Whether Infections may Cause Still Birth In Akoko South West Local Government Area of Ondo State

Responses	Frequency	Percentage	DF	Critical Value	Calculated X ² Value
Agree	385	45.5			
Undecided	115	12.7	8	15.507	40.95
Disagree	405	44.8			
Total	905	100			

Significant at alpha level 0.05

Table 4: Responses on Whether lack of Medical Care during Pregnancy may Cause Still Birth in Akoko South West Local Government Area of Ondo State.

Responses	Frequency	Percentage	DF	Critical Value	Calculated X ² Value
Agree	242	26.7			
Undecided	85	9.4	8	15.507	97.65
Disagree	578	63.9			
Total	905	100			

Significant at alpha level 0.05

Table 5: Responses on whether Poverty may Cause Still Birth in Akoko South West Local Government Area of Ondo State

Responses	Frequency	Percentage	DF	Critical Value	Calculated X ² Value
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Agree	166	18.4			
Undecided	90	9.9	8	15.507	5.88
Disagree	649	71.7			
Total	905	100			

Not Significant at alpha level 0.05

Table 6: Responses an whether Ignorance may cause Still Birth in Akoko South West Local Government Area of Ondo State

Responses	Frequency	Percentage	DF	Critical Value	Calculated X ² Value
Agree	140	15.5			
Undecided	142	15.7	8	15.507	97.94
Disagree	623	68.8			
Total	905	100			

Significant at alpha level 0.05

This study revealed that teenage pregnancy (table 1), malnutrition (table 2), infections (table 3); lack of adequate medical care for pregnant women (table 4); and ignorance (table 6) were significant factors responsible for still birth among women in Akoko South West Local Government Area of Ondo State. The findings further revealed that poverty (table 5) was not a significant causative factor of still birth in the local government area of Ondo State.

VI. Discussion

The findings of this study showed that teenage pregnancy significantly caused still birth among women in Akoko South West Local Government Area of Ondo State as indicated in table 1. A huge number of young girls are married off by their parents in their early teens in Nigeria with increased likelihood of early pregnancy and the attendant heightened risks of maternal and infant mortality and morbidity (Hodges 2001). This may be responsible for cases of still birth among women in Akoko South West Local Government Area of Ondo State. This finding corroborated Insel and Roth (2006) who found out that about half of all cases of low birth-weight, a likely cause of still birth, are related to teenage pregnancy. The finding further supported NCHS (2004) who claimed that teenage pregnancy is a likely factor precipitating still birth in developing nations. In this vein, Lucas and Gilles (2003), and NCHS (2004) also opined that still birth and infant mortality are associated, in the developing world, with child marriage of preteenage girls which results in serious complications during pregnancy and delivery.

The findings also revealed that malnutrition significantly caused still birth among women in Akoko South West Local Government Area of Ondo State as shown in table 2. Adequate nutrition is very important in pregnancy as its determines the success or otherwise of such pregnancy (Alade 2001). For example, iodine deficiency has various deleterious health consequences in neonates as it causes still birth, low birth weight and hypoxia (Lucas and Gilles, 2003; Myles, 1981). Also, Alade (2001) affirmed that inadequate nutrition during pregnancy may lead to inadequate weight gain, inter-uterine malnutrition, resulting in intrauterine growth retardation or a shorter gestational period-factors which may result in congenital malformations, low birth weight infants, neonatal deaths and still births. Alade (2001) argued further that spontaneous abortion and still births are more common in women who are poorly nourished than in women who are adequately nourished. The findings further revealed that infections, table 3, significantly caused stillbirth among women in Akoko South West Local Government Area of Ondo State. The researcher observed that in Nigeria, and indeed in the local government

area, malaria is endemic and other infections such as gastro intestinal diseases and other air borne infections are common. These infections according to Myles (1981), are responsible for still birth and neonatal death among women. This assertion agreed with Lucas and Gilles (2003) who estimated that 15% of maternal death problems, including still birth, were caused by infections in developing nations.

Moreover, the findings of this study revealed that lack of adequate medical care during pregnancy significantly caused still birth among women in Akoko South West Local Government Area of Ondo State as shown in table 4. The researcher noted that adequate medical care was lacking generally in Africa and that was why African leaders sought medical care abroad. This finding supported Lucas and Gilles (2003) who affirmed that there was poor maternal and obstetric care services in Nigeria, resulting in high neonatal and still birth rates. This finding further supported Brannon and Feist (2007) who opined that low economic status, the lack of access to medical care, and poor health literacy have adverse health consequences, including still birth, for developing nations such as Nigeria.

In addition, the study showed that ignorance (table 6) significantly caused still birth among women in Akoko South West Local Government Area of Ondo State. Nigeria is still plagued with low level of education, ignorance, and superstition (Lucas and Gilles 2003). Low education precipitates ignorance, and ignorance sustains superstition – all hindering effective maternal care. With ignorance people are more likely to be poor consumers of health care services, and are more likely than others to smoke or use alcohol or illicit drugs in pregnancy, all of which doubles the chances of delivering a still birth infants and low birth weight infants (Johnson, O'malley and Bachman 2001). In Akoko South West Local Government Area, this researcher observed that pregnant women consume herbs, roots and back of plants soaked in concentrated alcohol for the cure of ailments such as malaria, diarrhea, back pains, rheumatism, dysentery and various other health problems. Therefore, these pregnant women, ignorantly consume alcohol, which according to Kesmodel, Wisborg, Olsen, Henriksen, and Secher (2002) increase the risk of miscarriages and still birth.

Nevertheless, the finding indicated that poverty did not significantly cause still birth among women in Akoko South West Local Government Area of Ondo State as shown in table 5. Though the respondents were not of high socio-economic status, the finding was at variance with NCHS (2004) who opined that poverty is a health risk in still birth. Indeed the health risk associated with poverty begin before birth, and that poor mothers, especially teen-mothers are more likely to deliver low birth weight babies and still birth babies. In the same vein, Insel and Roth (2006) affirmed that poverty and inadequate health care during pregnancy are the key causes of infant mortality and still birth.

VII. Conclusion and Recommendations

The results of this study revealed that teenage pregnancy, malnutrition, infections, lack of medical care in pregnancy, and ignorance caused still birth among women in Akoko South West Local Government Area of Ondo State. However, the findings showed that poverty was not a causative factor of still birth among women in the local government area.

Consequent upon these findings, the following recommendations were made:

1. Education, particularly girl child education should be made mandatory in the country because this may delay marriage and prevent teenage pregnancy on one hand, and confer intelligence and erode ignorance on the other.
2. Adequate care services should be provided, free of charge, for women from the period of conception to delivery by both the Federal, State and Local governments.
3. Special feeding programme, where required nutrients are served, should be provided for pregnant women at highly subsidized cost by government and international agencies to supplement their nutrient intake.

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