

Factors Influencing Child Delivery at Internally Displaced Persons' Camps in Maiduguri, Borno State: Implications for Counselling

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Abstract

The study used expose-facto research design in identifying the factors influencing child delivery at IDP Camps in Maiduguri, Borno State: Implications for Counselling. Target population of the study comprised of 4,281 women of child-bearing age in 6 IDP camps in Maiduguri, Borno State as at the time of this research. However, 90 women that experienced child delivery at the IDP camps were used as the sample using the purposeful and convenient sampling techniques. Stratified random sampling technique was adopted in selecting sample for the study. Researchers' self-designed 23 items, 5 points rating scale questionnaire tagged "Child Delivery Questionnaire (CDQ)" was the instrument used to elicit data for the study. The cut-off score of 3.0 was used for decision making. Items with mean rating from 3.0 and above were accepted while items with the mean rating below 3.0 were rejected. Any item with standard deviation of 0.00 to 0.05 revealed that the respondents were not far from the mean and opinion of one another. The test-re-test method adopted using Cronbach alpha yield a reliability coefficient value of .94 and a validity index of .86 was obtained which was adjudged appropriate for what the study purports to achieve. Five objectives, three research questions and two null-hypotheses guided the study. Data collected for the study was analysed using SPSS Version 23.0 Findings of the study revealed delivery occurring at night and insecurity as some of the factors influencing child delivery at IDP camps while postpartum haemorrhage and perineal tear were some of the attendant consequences. Equipping all healthcare clinics with modern facilities, having counselling centres, engaging professionally trained and experienced personnel were some of the recommendations proffered.

Keywords: Child Delivery, IDP camps, Insecurity, Infections, Postpartum Haemorrhage.

Introduction

Home delivery refers to pregnant women giving birth in the absence of skilled birth attendant. It can also be referred to as childbirth taking place outside healthcare facility, which either occurs at home, camp or on their way to healthcare facility, without attendance of skilled healthcare service provider. Women who deliver outside healthcare facilities risk chances of high mortality in the absence of professional attendance. It has been estimated that less than 50% of women in the world have access to skilled care in developing countries. Nonetheless, most women deliver at home, camps or bush (WHO, 2013 and Folashade, et al., 2013).

In recent times, more attention has been focusing on issues of maternal healthcare services in Nigeria. Many programs have been launched at national level on women health especially home delivery with particular reference to curtailing the menace of maternal morbidity and mortality. Worldwide, an estimated 529,000 maternal and nearly 4 million neonatal deaths (during the first 4 weeks of life) occur annually, 75% of neonatal death is in the first week of life. Approximately, 99% of these deaths are in low- and middle-income countries, where 43% of births are attended by Traditional Birth Attendants (TBAs), the proportion generally being higher in rural areas (WHO, 2013). Home deliveries conducted by TBAs may be responsible for an increased risk of maternal and prenatal mortality as the TBAs have low educational status and sometimes not trained in preventing or recognizing complications and promptly referring the patient to appropriate healthcare facility for emergency obstetric care (WHO, 2013 and Folashade, et al., 2013).

Additionally, of the nearly 4 million stillbirths occurring annually, 18% to 27% of them were closed to delivery time (WHO, 2012). Similarly, nearly 50% of the neonatal deaths occur among children delivered at home. Perinatal mortality (stillbirths and neonatal deaths) is often related to intrapartum complications, and is, thus, higher in countries where highest deliveries are conducted outside healthcare facilities. It has been estimated that a fall in the proportion of deliveries outside healthcare facilities will substantially reduce Perinatal and maternal deaths by nearly half (WHO, 2013; Folashade, 2013 and Sychareun, et al., 2009).

In Nigeria, a number of factors influence child delivery outside healthcare facilities, most times; women in rural areas lack the good fortune to be attended by skilled personnel during childbirth which is considered as one of the major factors in maternal and infantile mortality (WHO, 2012). Distance, bad roads and lack of transportation are reasons why many pregnant women do not reach healthcare facilities for delivery since walking many kilometers is difficult in labor and impossible if labor start at night (Folashade & Ismail, 2013). Ngoi (2010) reported that ethnic inclination, religious affiliation, socio-cultural norms and values combined with poor economic status are some of the principal factors affecting pregnant women accessing healthcare facilities. Certain ethnic group beliefs that birth is a test of endurance and care seeking is seen as a sign of weakness thus emphasize on delivery outside healthcare facilities.

According to WHO (2013), more than half a million women die of pregnancy related complications, with ninety-nine percent (99%) of these deaths occurring in developing regions particularly Africa and Asia. The implication is that every minute, at least a woman dies from pregnancy and childbirth in these regions. Comparing with other regions of the world, the lifetime risk of maternal deaths in sub-Saharan Africa is 1 in 22 mothers. North Africa has 1 in 210, 1 in 62 for Oceania, 1 in 120 for Asia, and 1 in 290 for Latin America and the Caribbean. In third world nations like Nigeria, maternal and child complications occurring nowadays are directly related to child delivery outside healthcare facilities despite advances in the medical profession couple with the ever-increasing number of physicians and nurses.

Attempt towards managing the humanitarian crisis engendered by the insurgents resulted in the exodus movement of people (victims comprising of women, children, youths, aged and the

crippled) from their ancestral homes for their dare live leading to the creation of 22 IDP Camps in the north-east in 2014 under the auspices of the National Emergency Management Agency (NEMA). 12 of the camps were in Borno State designated in collaboration with the Borno State Emergency Management Agency (SEMA) and one each at Gombe and Adamawa States (Dlakwa, 2015). According to Kolo (2015), between June, 2014 and February, 2015 174,300 IDPs were registered by SEMA in the 12 designated camps at Jere and Maiduguri Metropolis. The camps include NYSC camp, EYN Wulari, Bakasi, State Hotel, MOGCOLIS (SHIS), Arabic Teachers' College, Dalori 1 & 11, Teachers' Village, Women Teachers' College, Yerwa Girls' College, Shehu Sanda Kyarimi 11 and Government College Camps. Balarabe (2016) however, added that the number of IDP Camps in Borno dramatically increased to 16 between February, 2015 and December, 2015. The added camps due to continuous nefarious activities of the insurgents include Farm Center, Madinatu, Goni Kachallari, Fori Primary School, Garba Buzu, Muna Garage and Khadamari (Ngohi, 2016).

Statement of the Problem

Observations made and discussions held at various intervals between the researchers and camp officials revealed the alarming rate at which IDP women deliver at camps despite the presence of qualified physicians, nurses and midwifery which is disheartening in spite of the medical healthcare facilities within Maiduguri Metropolis and Jere Local Government Area that are supposed to be accessible to the IDPs. Child deliveries in IDP camps are usually unplanned as they occur under conditions with no minimum recommended standards required for a safe delivery. It seems such child deliveries are often conducted without the care of professional assistants such as trained midwives or nurses. It also seems that such women receive no antenatal care during pregnancy which may prevent the occurrence of hypertensive disorders of pregnancy, postpartum haemorrhage, puerperal infections and obstructed labour as requirement by law in industrialized nations. Thus, births occurring in camps outside healthcare facilities are more likely to have complications that may result in maternal and fatal deaths due to lack of skilled attendance. It is against this background that the researchers cast their searchlight on the factors influencing child delivery at IDPs' camps in Maiduguri, Borno State with a view to proffer some counselling implications.

Objectives of the Study

The objectives of this study were to:

1. Identify the demographic characteristics of child bearing women in IDP camps in Maiduguri, Borno State
2. Identify the factors influencing child delivery at IDP camps in Maiduguri, Borno State
3. Identify the consequences of child delivery at IDP camps in Maiduguri, Borno State
4. Determine the relationship between educational status and child delivery at IDP camps in Maiduguri, Borno State
5. Determine the relationship between religious affiliation and child delivery at IDP camps in Maiduguri, Borno State

Research Questions

The following research questions were answered in this study:

1. What are the demographic characteristics of child bearing women in IDP camps in Maiduguri, Borno State?
2. What are the factors influencing child delivery at IDP camps in Maiduguri, Borno State?
3. What are the consequences of child delivery at IDP camps in Maiduguri, Borno State?

Hypotheses

The following null-hypotheses were tested for the study at 0.05 confidence level:

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HO₁: There is no significant difference in the experience of child delivery at IDP camps by educational status in Maiduguri, Borno State

HO₂: There is no significant difference in the experience of child delivery at IDP camps on religious affiliation in Maiduguri, Borno State

Methodology

Design: The expose-facto research design was adopted for the study to find out directly from the women in IDP camps their experience of child delivery outside healthcare facilities and their respective places of residence. According to Afolabi & Popoola (2019), the expose-facto research design is not only appropriate and economical in finding out what respondents think and feel about a situation but also permits inferences for generations of populations that would be too expensive and difficult to study as a whole, and that expose-facto helps in drawing representative sample of the population whose characteristics, behaviour or attitudes are relevant to the information required for a study. Similarly, Uzoechi (2015) considered expose-facto research design as a form of research in which the researcher(s) examines retrospectively the effect of a naturally occurring event or phenomenon on a subsequent outcome with a view of establishing a causal link between them. This type of study seeks to establish factors and consequences or cause and effect relationship using already existing data as the event under investigation has taken place already.

Population and Sample: Target population for the study was all the 4,281 women of childbearing age in 6 IDP camps in Maiduguri, Borno State as at the time of this research. However, 90 women that experienced child delivery at IDP camps were used as the sample using the purposeful, proportionate and convenient sampling technique. This is justified because equal number of women was picked from each camp as a good representation of the entire population for such a study. Stratified random sampling technique was adopted in selecting sample for the study. The stratification was based on age, marital status, educational status and religious affiliation. Participation in the study was voluntary.

Instrumentation: Researchers' self-designed 23 items, 5 points rating scale questionnaire tagged "Child Delivery Questionnaire (CDQ)" was the instrument used to elicit data for the study. The instrument was divided into 3 sections (A, B & C). Section "A" was on demographic characteristics of the respondents such as age, educational status and religious affiliation. Sections "B & C" solicited information on factors influencing camps delivery and the attendant consequences. The response pattern and corresponding values of the 5 points rating scale used for these sections were Strongly Agreed = 5 points, Agreed = 4 points, Undecided = 3 points,

Disagreed = 2 points and Strongly Disagreed = 1 point with the cut-off score of 3.0 for decision making. Items with mean rating from 3.0 and above were accepted while items with the mean rating below 3.0 were rejected. Any item with standard deviation of 0.00 to 0.05 revealed that the respondents were not far from the mean and opinion of one another. Reliability of the instrument was established through pilot-testing among 30 women in the IDP camps outside those used for the study. The test-re-test method adopted using Cronbach alpha yield a reliability coefficient value of .94 and a validity index of .86 was obtained which was considered relevant, suitable, adequate and adjudged appropriate for what the study purports to achieve, thus, used for the study.

Procedure for Data Collection: Copies of the instrument were administered by the researchers and 2 research assistants selected from amongst officials at the IDP camps. Purpose of the study was explained to the respondents and officials at the each of the camps and confidentiality was assured prior to the commencement of data collection thereafter, the responses were collected on the spot which ensures 100% retrieval of the instrument.

Method of Data Analysis: The data collected from the study for the research questions were analysed using mean and standard deviation while independent t-test was used in testing the null-hypotheses at 0.05 alpha level of confidence. Statistical Package for Social Sciences (SPSS) Version 23.0 was employed for the computation. The results were presented in Tables 1-5.

Results

Research Question 1: What are the demographic characteristics of child bearing women in IDP camps in Maiduguri, Borno State?

Table 1: Demographic Characteristics of Child Bearing Women in IDP Camps in Maiduguri, Borno State

S/N	IDP Camps	Religion			Age in years			Educational Status		
		Total	Christian	Islam	18-28	29-39	40&abov	Non-	O/L	A/L
1	WULARI	15	07	08	07	05	03	09	05	01
2	MADINATU	15	04	11	09	04	02	04	09	02
3	BAKASI	15	10	05	03	10	02	07	05	03
4	NYSC	15	06	09	10	01	04	08	05	02
5	DALORI	15	05	10	10	03	02	05	06	04
6	MOGCOLIS	15	03	12	07	03	05	02	09	04
Total		90	35	55	46	26	18	35	39	16

Table 1 reveals that 55(61.1%) of the respondents practice Islam as their religion while 35(38.9%) were Christians. Additionally, 46(51.1%) of the respondents fall within the age bracket of 18 and 28 years, 26(28.9%) fall within the age bracket of 29 and 39 years while 18(20.0%) fall within 40 years and above. Furthermore, 35(38.9%) of the respondents attended none-formal education, 39(43.3%) obtained ordinary/secondary school education while 16(17.8%) acquired advanced/higher level education. These statistics show that the researchers are sensitive to religious issues, have informed respondents and possess the ability to give reliable and valid responses to the research questions.

Research Question 2: What are the factors influencing child delivery at IDP camps in Maiduguri, Borno State?

Table 2: Mean and Standard Deviation of the Factors Influencing Child Delivery at IDP Camps in Maiduguri, Borno State

S/No.	Statement	Mean(X)	Std. Dev.	Remark
9.	Poverty	3.38	0.05	Accepted
10.	Cultural Belief and Practice	3.33	0.01	Accepted
11.	Delivery Occurring at Night	3.14	0.03	Accepted
12.	Ignorance	3.14	0.03	Accepted
13.	Fear of the Unknown	3.02	0.01	Accepted
14.	Distance away from Healthcare Facilities	3.14	0.03	Accepted
15.	Insecurity	3.11	0.02	Accepted
16.	Health Workers' Factor	3.11	0.02	Accepted

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Table 2 revealed the mean and standard deviation of the items 9 to 16 ranged from 3.02 to 3.38 which are above the cutoff point of 3.00 and the standard deviation ranged from 0.01 to 0.05 indicating that the items are significant factors influencing child delivery at IDP camps in Maiduguri, Borno State and all the respondents were not far from one another in their opinion.

Research Question 3: What are the consequences of child delivery at IDP camps in Maiduguri, Borno State?

Table 3: Mean and Standard Deviation of the Consequences of Child Delivery at IDP Camps in Maiduguri, Borno State

S/No.	Consequences	Mean(X)	Std. Dev.	Decision
17.	Maternal Mortality	3.61	0.05	Accepted
18.	Infection	3.43	0.04	Accepted
19.	Retain placenta	3.41	0.03	Accepted
20.	Perineal Tear	3.22	0.02	Accepted
21.	Postpartum Haemorrhage	3.43	0.04	Accepted
22.	Shock	3.41	0.03	Accepted
23.	Neonatal Asphyxia	3.41	0.03	Accepted
24.	Pregnancy induced hypertension	3.43	0.04	Accepted
25.	Puerperal Pyrexia (Puerperal Sepsis)	3.22	0.02	Accepted
26.	Cervical Plunge	3.22	0.02	Accepted

Table 3 revealed the mean and standard deviation of the items 17 to 26 ranged from 3.22 to 3.61 which are above the cutoff point of 3.00 and the standard deviation ranged from 0.02 to 0.05 indicating that the items are significant factors influencing child delivery at IDP camps in Maiduguri, Borno State and all the respondents were not far from one another in their opinion.

HO₁: There is no significant difference in the experience of child delivery at IDP camps by educational status in Maiduguri, Borno State

Table 4: t-test of Mean Difference on Experience of Child Delivery at IDP camps by Educational Status in Maiduguri, Borno State

Variable	N	X	SD	Df	t-cal.	t-crit.	Decision
Formal	55	13.2	1.14	1	0.47	1.94	Rejected

Non-Formal	35	12.04	1.01				
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From Table 4, the calculated t-value of 0.47 is less than the t-critical of 1.94 at 0.05 alpha level. Thus, the null-hypothesis is sustained.

HO₂: There is no significant difference in the experience of child delivery at IDP camps on religious affiliation in Maiduguri, Borno State

Table 5: t-test of Mean Difference on Experience of Child Delivery at IDP camps on Religious Affiliation in Maiduguri, Borno State

Variable	N	X	SD	Df	t-cal.	t-crit.	Decision
Muslims	55	21.3	1.48	1	1.24	1.96	Rejected
Christians	35	20.7	1.31				

From Table 5, the calculated t-value of 1.24 is less than the t-critical of 1.96 at 0.05 alpha level. Thus, the null-hypothesis is maintained.

Discussion

The result of this study revealed eight variable factors influencing child delivery at IDP camps in Maiduguri, Borno State. The finding of this study corroborates the earlier studies of Hatt, et al (2009), Hutton, Reitsma and Kaufman (2009), Janssen (2009) and Kennare, et al (2010) who reported that various factors such as social-economic conditions (poverty), delays in providing adequate obstetric care and poor accessibility to maternal healthcare have been implicated in deliveries outside healthcare facilities and high maternal mortality in developing countries especially Nigeria. Although childbirth is a natural phenomenon, it is associated with risks and unforeseen complications which may result in death. Child delivery outside healthcare facilities (camps, home, etc) may only be possible in uncomplicated labors, once there are complications; these mothers need to be referred immediately to a nearby healthcare facility. However, when complications arise especially at night and in camps becoming too late or the mother is so weak that she cannot deliver safely, such mothers die before, during or after the delivery. If by chance, the mothers happen to survive, they may end up with missing babies and/or severe disabilities. Since it is difficult to envisage the complications which may arise during child birth, camp delivery carries a high risk.

The result of this study also showed ten variable consequences of child delivery at IDP camps in Maiduguri, Borno State. The findings of this study agreed with the studies of Umurung (2010), WHO (2012) and Agulafo (2014) who expressed that in poor settings such as homes, camps and any non-health facility, deliveries are associated with maternal morbidity and mortality as well as increased newborn morbidity and mortality due to attendant cases of infection, postpartum hemorrhage, neonatal asphyxia and perineal tear. Umurung (2010) and Agulafo (2014) for example, stressed that postpartum hemorrhage and perineal tear are the most common dangerous causes of maternal death because blood loss of 500 ml to 1000ml or more within 24 hours after birth affects women resulting in severe maternal morbidity and long-term disability including shock and organ dysfunction.

The null-hypothesis one (Ho₁) tested in this study stated that there is no significant difference in the experience of child delivery at IDP camps by educational status in Maiduguri, Borno State. The hypothesis was sustained because the calculated t-value of 0.47 is less than the t-critical of 1.94 at 0.05 confidence level. There is no significant difference in their experiences because irrespective

of their educational status, they both suffer the consequences of infection, postpartum haemorrhage, perineal tear, neonatal asphyxia as well as maternal morbidity and mortality largely associated with deliveries outside healthcare facilities which are in conformity with the findings of Kyomuhendo (2009) and Falkingham (2014).

The null-hypothesis two (H_{02}) also tested for the study stated that there is no significant difference in the experience of child delivery at IDP camps on religious affiliation in Maiduguri, Borno State. The hypothesis was upheld because the calculated t-value of 1.24 is less than the t-critical of 1.96 at 0.05 confidence level. Thus, there is no significant difference in their experiences because regardless of their religious inclination, they both suffer the consequences of infection, postpartum haemorrhage and perineal tear which according to Falkingham (2014) are categorized into Labial tears: Referring to the tears to the skin on the labia (skin folds around the genital area), 1st degree tears: Tears to the skin of the perineum, 2nd degree tears: Tears to the skin and muscle of the perineum, 3rd degree tears: Tears to the skin and muscle of the perineum, and some of the muscle around the anus and lastly the 4th degree tears: Referring to the tears to the skin and muscle of the perineum, the muscle around the anus and the skin lining the anal canal. These findings also confirm the earlier studies of WHO (2012), Agulafo (2014) and Falkingham (2014) that poverty, ignorance, insecurity, delivery occurring at night and lack of means of transportation to get access to healthcare facilities are some of the principal factors militating against women delivery outside healthcare facilities in Borno State, Nigeria.

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Implications for Counselling

Based on findings of this study, the Borno State Government should in collaboration with the Federal and Local Governments of Nigeria provide the internally displaced persons with basic necessities of life while in camps such as the healthcare facilities because the IDP camps comprised of all categories of people ranging from male, female, young, old and even the aged. Apart from providing for preventive and curative medical care, some of the women are pregnant and delivery may occur any moment. The Ministries of health at all levels of government should in collaboration with World Health Organization, Non-Governmental Organizations, Inter and Intra government organizations, donor agencies and philanthropists construct primary healthcare clinics and counselling centres equip with basic facilities to handle IDPs problems and avoid eventualities. The counsellors, Association of Medical Professionals and Nurses, National Orientation Agency (NOA), Civil Society Organizations and the media (visual and blind) should be organizing workshops and other public lectures on regular intervals to enlighten/educate the internally displaced persons on their hygiene, pre and antenatal care services.

Conclusion

Based on findings of this study, it is concluded that poverty, cultural belief and practice, ignorance, insecurity and child delivery occurring at night were some of the factors influencing child delivery at IDP camps in Maiduguri, Borno State. Some of the attendant consequences of such child deliveries outside healthcare facilities identified include infections, postpartum haemorrhage, perineal tear, neonatal asphyxia as well as maternal morbidity and mortality. The null-hypotheses

tested revealed no significant differences in IDPs experiences of child deliveries at camps by their educational status and religious affiliation. This calls for serious implications for counselling involving government at all levels, non-governmental organizations, donor agencies and philanthropists to device ways and means of enlightening the IDPs on the consequences of child deliveries outside healthcare facilities.

Recommendations

Based on the findings of this study, the following recommendations were made:

The Borno State Government should through Ministry of Health engage the services of professionally trained physicians, nurses and midwives to be attending IDPs in their various camps at regular intervals. Counsellors should in collaboration with Ministries of Health and Education be organizing seminars and workshops on the consequences of child delivery at camps and the values of attending pre and antenatal healthcare services in the language the IDPs and especially the pregnant and childbearing mothers would comprehend. The Borno State Government should as a matter of exigency engage the services of the Electronic Media (Visual and Blind) in creating awareness for the IDPs on the negativities of child delivery outside healthcare facilities using jingles, phone-in-calls and one-on-one programs in the language they understand better.

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