FREE MATERNITY SERVICES IN KANO STATE
IMPACT OF FREE MATERNITY SERVICES IN KANO STATE NIGERIA

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ABSTRACT
Background: Comprehensive prenatal care, impacts positively on both maternal and perinatal outcome. The free maternity policy increased access to antenatal care and a reduction in maternal mortality in secondary health facilities. The uptake of the services continues to increase at exponential rate in all the facilities across Kano State.
Study design/subject: This was a cross sectional study over a period of six months(January to June 2008).The study review the components of all the services offered and the financial implication involved. The providers were interviewed together with patients with pre-tested questionnaire to collect information on their perception, problem and satisfaction of the services since its inception in the State in 2001.
Main outcome: Utilization of maternity services by the respondents.
Results: The main components of the free maternity services are: free stationeries (cards), delivery pack, free treatment of surgical or medical complication of pregnancy, Vesico-vaginal fistula and recto-vaginal fistula.(VVF/RVF) repair and screening of blood.
The providers were happy with the programme, but it increased their workload especially from the neighboring states like Jigawa, Katsina and Bauchi, despite reduction in maternal morbidity and mortality (from 2700/100,000 to 950/100,000livebirths). The patients were aware of antenatal/maternity services in the General hospitals across the state, but they now spend longer time in the hospital before being attended to.
Conclusion: Improvement of staffing, community participation, increase funding, and introduction of similar services in the neighboring states will improve the quality of care provided and reduce the patient load.

Keywords: free maternity, Kano, orthodox facility

INTRODUCTION

Free maternity services were first introduced in Kano state in the year 2001. The programme is one example where with good political will, the Millennium Development Goal (MDG) No.5 could be achieved by the year 2015. The new administration that was ushered in 2005 not only sustained the programme but enhanced it, thereby leading to reduction in maternal mortality by 30 %[1].
The rising maternal mortality figures in Nigeria are of public health significance. Almost two decades after the launching of the Safe Motherhood Initiative (SMI) in Nairobi Kenya, maternal health indices in developing countries have not improved significantly. It is well known that, availability and utilization of maternal health services can reduce these rates[1]. In Kano State, the maternal mortality ratio was 2700/100,000[1] much higher than the National average of 800/100,000[1,3].
The introduction of free maternity services in 2001 in the General hospitals across the State resulted in an astronomical increase in obstetric patients, and improved utilization of antenatal care and emergency obstetric care. Preliminary assessment of the programme showed over 30% reduction in maternal mortality ratio[1].

The maternity care services are free, from booking, through antenatal period, delivery, (Including C/S) to the prenatal period, and covers routine investigations and drugs during admission for medical or surgical complication; early neonatal admission are also free. However, blood donation though not free (as the patients have to bring donor), the screening is done free of charge.

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Thirty six general hospitals across the state offer free maternity services and provide the following components; stationary, including cards, delivery packs, surgical and medical obstetric emergencies, blood grouping/ cross matching/ screening for HIV and hepatitis in addition to free treatment of VVF and RVF.

Murtala Mohammed specialist Hospital is the largest state owned specialist hospital. Its maternity wings have an average uptake of 500 antenatal women daily from Monday to Thursday.

This study was undertaken to determine the components of the services, clients satisfaction and providers perception of the programme.

MATERIALS AND METHOD:

Eight hundred and fifty women attending the Murtala Muhammad antenatal clinic wing of the maternity unit were interviewed using a pre-tested questionnaire. The medical officers, consultants and midwives were also interviewed to ascertain the volume of referrals to the department. Records from the antenatal clinics and the obstetric units, and the hospital management board were also examined.

Information was collected on places from where the patients come to Murtala Muhammad Specialist Hospital, awareness and utilization of maternity services, and factors militating against the utilization of the maternity services at other general hospitals in the state.

These were entered into a personal computer and analyzed with Epi-info version 3.4.1 statistical software. Qualitative data was presented as percentages while qualitative data was presented as mean and standard deviation.

RESULTS

There were 9830 deliveries during the study period of six months (January to June 2008) and out of these, 1057 were delivered by caesarean section giving a caesarean section rate of 10.7%. The mean age of the respondents was 28.82 years +/- 8.49 SD and their mean parity was 5.31 +/- 3.67 SD. Majority of the respondents do not possess any form of education (44.24%).48.24% were housewives and only 37.64% of them have some independent source of income by either being self employed or civil servants (Table I).Majority of the referrals come from rural areas and about 4.7% of the patients that were referred to the Health facility are from outside the state (Tables II and III). Health workers attitude towards women during delivery, over confidence by the women and lack of husband`s permission are the major reasons why the women who attend antenatal care do not deliver in hospital. It is interesting to note that lack of transportation is not a major factor in preventing women from coming to hospital to deliver.

Table I

S/No	LITERACY	FREQUENCY	PERCENTAGE
1	None	121	14.24
2	Arabic knowledge	255	30.00
3	Primary education	252	29.65
4	Secondary education	113	13.29
5	Tertiary education	109	12.82
	TOTAL	850	100.00
	RESPONDENTS	**OCCUPATION**	
1	Civil servant	185	21.76
2	Housewife	410	48.24
3	Self employed	135	15.88
4	Student	120	14.12
	TOTAL	850	100.00

Table II: Referral from State Health Facilities to Murtala Muhammad Specialist Hospital

S/No	HEALTH FACILITIES WITHN THE STATE	Number	Percentage
1	Bichi General Hospital	12	14
2	Nuhu Bamalli Maternity Hospital	4	4.9
3	Danbatta General Hospital	4	4.9
4	Dala Comprehensive Health Center	8	9.8
5	Dawakin Tofa General hospital	4	4.9
6	Waziri Shehu Gidado Gen. Hospital	10	12.3
7	Gezawa/Gabasawa Gen. Hospital	6	.47
8	Takai/Sumaila General Hospital	6	7.4
9	Kura General Hospital	5	6.1
10	Rano/Minjibir General hospital	8	9.8
11	Dawakin kudu/Bebeji Gen. Hospital	10	12.3
12	Lambu PHC	4	4.9
	TOTAL	109	100.0
	HEALTH FACILITIES OUTSIDE THE	**STATE**	
1	Jigawa State	12	42.0
2	Katsina State	9	32.0
3	Bauchi	7	25.0
	TOTAL	28	99.0

Table III: Reason for Booked women not delivering in Hospital.

1	Lack of Permission from Husband	125	14.71
2	None availability of Transportation especially at night	93	10.94
3	Cheaper to deliver at home	83	09.76
4	Afraid of Episiotomy	110	12.94
5	More comfortable delivering in one`s environment	71	08.35
6	Medical/Nursing staff too young to attend to deliveries	186	21.88
7	Done it several times, no need to go to hospital	182	21.41
	TOTAL	850	99.99

DISCUSSION

Many of the respondents were aware of existing maternity services at the 36 health centers and uptake continues to increase on daily basis. The uptake at MMSH now averages 500 women daily Monday to Thursday attending the antenatal clinic. On Monday new patients were seen for booking and patients' attendance was as much as 600-700, while on the subsequent days return visits were seen.

Some rural inhabitants believe a lot in their traditional birth attendant (TBA); with whom they share common cultural and traditional norm. There are a lot of controversies on the role of TBA in modern obstetrics; the consensus is if they are given proper training according to WHO criteria, they are useful tools in identifying early pregnancy complication and appropriate referral[8, 9].

Studies have shown that[8] cost and transport were major hindrances to the utilization of maternity services, in this study, no similar factors were found despite the continuous increase of patient load on daily basis. The 36 hospitals in the State are scattered across and closer to the clients, and offering free maternity services.

However, what was evident is sometimes the negative attitude of the health workers, lack of adequate doctors to attend to the pregnant women; general financing of the programme as well as cultural factors were the limiting factors.

Records from Hospitals Management Board revealed that the money for the free maternity is increased on annual basis but prices change rapidly and population is increasing daily. Therefore we often notice the free ANC materials finishing well before the regular three months release, often with 4-6 weeks deficit and the bigger hospitals like MMSH end up augmenting the programme from their local resources.

Utilization of services in the MMSH was more prevalent among the less educated mothers, as confirm in other studies[7, 8, 10]. Education empowers women and impacts positively on her health seeking behavior and the need for antenatal care.

Use of services was also higher among women of low parity as was similar to other studies[10]. The grand multipara, having done "it" repeatedly in the past are confident they can always do it again without intervention as was in previous studies[10, 12] as well as in this study. Such women accounted for the great population of unbooked emergencies in the State hospital with consequent maternal mortality. The bottom line of any programme is manpower. Kano State is addressing this issue by opening more school of nursing, health technology and bonding of medical students. Many studies have implicated negative staff attitude in poor utilization of orthodox medicine[1,3,9]. It is imperative for research to examine the determinants of staff attitude towards patients care in orthodox medical facilities.

CONCLUSION

Improving access to quality maternal services at all level of healthcare system remained paramount to the efforts on improving maternal health.

Enlightens programme on the importance of antenatal care and hospital delivery should be stepped up, especially at the primary health care levels

While trying to make facilities user friendly improvement on staffing, equipment and daily supplies will enhance healthcare delivery and encourage other states to emulate Kano State and introduce free maternity service.

There is a lot of referral, from other hospital in the periphery to Muhammad Specialist hospital, including the primary health care centers. In addition to the neighboring states, like, Katsina, Jigawa and Bauchi also refer a lot of patients to the centre. These consequently increase and stretch the hospital`s resources.

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