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INTERNALLY DISPLACED PREGNANT WOMEN'S KNOWLEDGE OF DRUG EFFICACITY ON MATERNAL MORTALITY AND MOBIRDITY REDUCTION IN OKITIPUPA METROPOLIS

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Abstract

The internally displaced people are facing with several challenges such as; poor quality of life and living standard psychological problems, maternal mortality and morbidity (MMM) cases, and so on. This study focused on internally displaced pregnant women knowledge of drug on MMM reduction in Okitipupa metropolis. Descriptive survey resign was adopted for the study. The population of the study comprised, internally displaced pregnant women. The sample size of this study was One hundred (100) respondents selected , through a simple random sampling technique, using ballot paper. A self-structured research instruments by the researcher, entitled, Questionnaire on Pregnant Women's Knowledge of Drug Efficacity of Maternal Mortality and Morbidity in Okitipupa Metropolis (QPWKDEMMMROM)'', fashioned on four like of rating scale ; Strongly Agreed (SA), Agreed (A), and Disagreed (D), and Strongly Disagreed (SD), rated on 4, 3, 2 and 1 points, respectively. The research instruments were validated by two experts in measurement and Evaluation. Its reliability was determined, through test- retest method at two weeks interval. 0.72 coefficient reliability was established. Data generated were analyzed, using descriptive statistics (simple percentages, frequency counts and mean. Based on the findings of the study, conclusions were made, that pregnant women were well disposed to drug use during pregnancy, developed positive behaviors and attitudes to drugs and using drugs moderately and appropriately, and so on. Based on the conclusions recommendations were made that governments should intensify efforts to educate internally displaced pregnant women at Health Care Centers and Hospitals on drug use during pregnancy. Besides, Government should establish more Health Care Centres for pregnant women, and so on.

Keywords: Investigative study, Pregnant women, Knowledge, Drug, Maternal mortality, Morbidity reduction.

Background of the Study

The high rate and spate maternal mortality and morbidity are some of the critical challenges which Nigeria and Nigerians are contending with, today. Nigerians accounts for a large percentage of global maternal death and morbidity cases, with a high life-time risk for women. Nigeria accounts for 29% of global maternal death, lack of medicine, ignorance, religion and poor facilities are party responsible (Erinsakin and Odewale, 2020) Nigeria faces severe maternal morbidity and mortality, primarily due to hemorrhage, hypertensive disorders, sepsis/infection, unsafe abortion, and obstructed labor, compounded by poor health care

access, lack of skilled attendants, poverty, and socio-cultural barriers that delay care, leading to high rate of death. Nigeria has one of the worst global maternal mortality and morbidity ratio (Olamijulo, Olorunfemi and Okunola (2022:4).

Maternal mortality is a nightmare in Nigeria. It is a scourge to women in developing nations and Nigeria is among. Although, Nigeria is among. Therefore, one is not surprise that the country is facing with challenge of high mortality and morbidity rate.

Maternal morbidity refers to any short or long-term health problem from pregnancy childbirth, while maternal mortality is the death of a woman during child birth or delivery due to severe issues like; hemorrhage infections or high blood pressure. It can be simply state that maternal mobility refers to any illness or health condition resulting from pregnancy on childbirth that negatively affects women's health, while maternal mortality is the death of a woman during pregnancy, childbirth or with 42days (6 weeks) of pregnancy ending from cause related to or aggravated by the pregnancy (Dogbanya, 2025, 16)

According to Dogbauya (2025), a global report revealed that Nigeria has the highest estimate of maternal rate, accounting for over one-quarter (28.3%) of all estimated global maternal death with approximately 8,200 maternal death (Ogunjimi, Ibe and Ikorokn, 2012) and a maternal mortality ratio of 1,047 per 100,000 live birth (World Health Organization, United Nations International Children Education Fund (UNICEF), United Nations (UN), and World Bank (WB) ,(2000). The United Nations Scientific and Cultural Organization (2018), states that Nigeria has the world's second highest case of HIV / AIDS with an estimated, three million people living with the diseases. 190,950 new infections were recorded in 2015. Currently, these are partly contributing to maternal mortality and morbidity rate in Nigeria.

Maternal mortality and morbidity are critical public health concerns, globally, and Nigeria continues to bear a misappropriate share of the burden. According to the World Health Organization (2023), approximately 295,000 women die each year from complications related to pregnancy and child birth. Erinsakin and Odewale (2020), attributed several factors to maternal mortality and morbidity high rate ,and spate in Nigeria. These include; ignorance and illiteracy, poverty, weak health care system, drug abuse, and so on.

The high and rate of maternal mortality and morbidity have attracted government's attention in Nigeria resulting into putting up several strategies and approaches to address the unsavory trend and syndrome. Efforts to address maternal mortality have been embedded in several public health strategies. The National Strategic Health Development Plan II (NSHP-II) for example, aimed to improve access to quality health services across the country with specific focus on reproductive, maternal, newborn child and adolescent health (Oweibia, 2025). The Universal Health (UHC) initiatives and the national Health Insurance Scheme (NHIS) were designed to eliminate financial barriers to care and improve equity in service delivery. However, the effectiveness of these policies home been undermined by poor implementation, political interference, inadequate funding weak monitoring mechanisms, and so on (Elemuwa, 2023).

This study focused mainly on internally displaced women in Okitipupa metropolis. The various security challenges, ecological

,natural and environmental disasters, etc have actually displaced many people, forcing them to move to new locations for protection and safety. The Boko Haram insurgency which is a great threat to nations' security, development and peaceful living have make many cities ,towns and villages to be densely populated, Okitipupa metropolis is not exempted. Okitipupa metropolis is relatively peaceful and people living there are accommodative.

The internally displaced people are facing with several challenges, ranging from socio-economic to psychological. Most internally displaced pregnant women are often experiencing complicated issues resulting to loss of child during delivery process and shortly after birth. This study is specifically targeted on the internally displaced pregnant women to investigate their knowledge on drugs efficacity on maternal mortality and morbidity reduction in Okitipupa metropolis.

Maternal mortality and morbidity cases have been sources of carrying out studies in Nigeria by many academics and researchers. However, the researcher of this present study rightly observed from the avalanche of available studies that researches had not focus on pregnant women knowledge of drug efficacy on maternal mortality and morbidity reduction in Okitipupa metropolis, specifically. Thus, serves as motivational factor for conducting this research.

Statement of the Problem

The high rate and spate of maternal mortality and morbidity reductions have drawn attention of government and stakeholders in humanitarian welfare services providers, and public sectors in Nigeria. It has also been good sources of carrying out studies theoretically and empirically in an attempt to proffer enduring and lasting panaceas to unsavory incidence. In the same light, governments have put in place several policies and strategies to halt the challenges However, maternal mortality and morbidity still remains a hydra-headed monsters in the country, Nigeria. Some lingering, re-occurring and questionable questions in minds of the people are why maternal mortality and morbidity are still persisting in Nigeria, despite governments' efforts to halt the rate and spate of maternal mortality and morbidity cases. It was against this backdrop, this study was carried out

Objectives of the Study

The broad objective of the study was on pregnant women's knowledge of drug efficacy of maternal mortality and morbidity reduction in Okitipupa metropolis. The specific objectives of the study were to:

1. examine internally displaced pregnant women's disposition to drug during pregnant period; and
2. determine pregnant women's attitudes and behaviors to drug during pregnancy;

Research Questions

Two research questions were raised for the study:

1. Are internally displaced pregnant women well disposed to drug use during pregnancy?
2. What are the attitudes and behaviors of internally displaced pregnant women to drugs during pregnancy?

Methodology

Descriptive survey resign design was adopted for the study.

The population of the study comprised, internally misplaced pregnant women at five Health care centers (Public and Private) Okitipupa metropolis **.**The sample size of this study was One hundred (100) respondents selected a simple random sampling technique, using ballot paper.

A self-structured research instruments developed by the researcher, titled, ''Questionnaire on Internally Misplaced Pregnant Women's Knowledge of Drug Efficacy on Maternal Mortality and Morbidity Reduction in Okitipupa Metropolis (OIDPWK-DEMMMROM) used to generate data , fashioned on four like of rating scale of Strongly Agreed (SA), Agreed (A), and Disagreed (D), and Strongly Disagreed (SD), respectively, rated on 4, 3, 2 and 1 points respectively. The research instruments were validated two experts in Measurement and Evaluation. The reliability of the research instrument was determined through test- retest method at two weeks interval, 0.72 coefficient reliability was established. Data generated were analyzed, using descriptive statistics (simple percentages, frequency counts and mean.

Presentation of Findings and Discussion of Results

Demographic Characteristics of Respondents

Demographic characteristics Based on Religion

Table 1: Showing demographic characteristics of respondents based on religion

VARIABLES		**NO. OF RESPONDENTS**	**PERCENTAGES**
Religion	CHRISTIANS	56	56
	MUSLIMS	44	44
	TOTAL	100	100

Table 1 above showed that a total of One hundred respondents were sampled. Among the sampled population, 56 (56) of them were Christians, while 44 (44.50) of them were Muslims.

Demographic Characteristics Based on Age

Table 2: Showing demographic characteristics of the respondents based on age

VARIABLES		**NO. OF RESPONDENTS**	**Percentages**
Age	21-25	24	24
	25-30	31	31
	30 above	45	45
	TOTAL	100	100.0

24% of the respondents are between the ages of 21-25 years, 31% of the respondents are between the ages 25-30 years, while 45% of the respondents were of the ages of 30 years, above. It shows therefore that pregnant women were of different age brackets.

Table 3: Showing demographic characteristics of the respondents based on academic qualifications

ACADEMIC QUALIFICATIONS		NO OF RESPONSES	ACADEMIC QUALIFICATIONS
	No Academic qualification	23	23
	Primary school leaving certificate	33	33
	Secondary school certificate	37	37
	NCE, HND,BED, Bsc certificate	6	6
	M.Ed, M .Sc & Ph.d	1	1

Table **3** above shows the academic qualifications of the respondents. 23(23) were without academic qualifications, 33 (33) of the respondents were primary school leaving certificate, while 37 (37h) have also, secondary school certificates. 6 (6h) of the respondents have NCE, HND, B.ED and B.sc certificate, and only 1(%) respondents with first graduate Degree. This shows that academic qualifications do not hinder women from being pregnant.

Research Question One: Are internally displaced pregnant women well disposed to drug use during pregnancy?

Table 1: Showing simple percentages, frequency counts and mean on are **internally displaced pregnant women well-disposed to drug use during pregnancy?**

N= 100 **C = 2.5**

S/N	ITEMS	SA %	A %	D %	SD %	N	Mean (X)	DECISIONS
1.	Are you aware of using drug during pregnancy	62 62	14 14	11 11	13 13	100	**3.2**	Acce-pted
2.	I am not aware of drug use during pregnancy	9 9	13 13	19 19	59 59	100	**1.72**	Reject ed
3.	Are you using drug according to prescription by physician.	71 71	14 14	8 8	7 7	100	**3.49**	Accet ed
4.	I do not use drug on prescription of physician	9 9	13 13	21 21	57 57	100	**1.74**	**Rejec ted**

5.	Are you of the knowledge that drug use has health benefits, during pregnancy?	69 69	21 21	9 9	1 1	100	**3.58**	**Accepted**
6.	I am not of the knowledge that drugs use during pregnancy have health benefits	5 5	9 9	13 13	73 73	100	**1.46**	**Rejected**
7.	Anytime I use drugs, I do not abuse it	77 77	19 19	3 3	1 1	100	**3.72**	**Accepted**
8.	I am always conscious not to abuse drug.	6 6	11 11	19 19	64 64	100	**1.59**	**Rejected**
	AVERAGE WEIGHT	**3.08** **38.5**	**114** **14.25**	**103** **12.87**	**275** **34.37**		**2.56**	**Accepted**

Source: Author's Compilation, 2026

Table 1 above, presents the findings on research question one. On item (1), 62 (62), 14 (14), 11(11) and 13 (13) responses were obtained for strongly agreed, agreed, disagreed, and strongly disagreed, respectively. On item (2) responses got indicated, 9 (9), 13 (13), 19 (19) and 59 (59) for strongly agreed, agreed, disagreed and strongly disagreed. An item (13) the following responses were also, got 71(71), 14 (14), 8(8) and 7(7) for strongly agreed, agreed, disagreed and strongly respectively. On item (4), responses obtained indicated 9(9), 13, (13), 21(21) and 57 (57) for strongly agreed, agreed, disagreed and strongly disagreed, respectively.

On items (5), the following responses were got, 69(69), 21(21), 9(9) and 1(1) for strongly agreed, agreed, disagreed and strongly disagreed. On items (6), 5(5), 9(9), 13(13) and 73(73) were respondents obtained for strongly agreed, agreed, disagreed and strongly disagreed. On item (7), responses of showed, 77 (77), 19 (19), 3(3) and 1 (1) for strongly agreed, agreed, disagreed and strongly disagreed.

Finally, on item (8), 6(6), 11 (11), 19(19) and 64 (64) responses were got for strongly agreed, agreed, disagreed and strongly disagreed respectively.

The total weight on research question one revealed that the average rating scale of four (X = 2.5) was lesson than mean of average rating scale of four (X= 2.56), thus, indicated that pregnant women are well disposed to drug use during pregnancy.

Research Question Two: what are the attitudes and behaviors of pregnant women to drug during pregnancy?

Table 2: Showing simple percentages, frequency counts and mean (X) on attitudes and behaviors of women towards drug during pregnancy

N= 100 , C = 2.5

S/N	ITEMS	SA %	A %	D %	SD %	N	MEAN (X)	DECI-SIONS
9.	I like using drugs during pregnancy	**71 71**	**19 19**	**4 4**	**6 6**	**100**	**3.55**	**Accepted**
10	I hate using drug during pregnancy	4 14	14 14	13 13	69 69	100	**1.53**	**Rejected**
11	I consider spending on drugs a top priority during drug	63 63	24 24	6 6	7 7	100	**3.43**	**Accepted**
12	Buying drugs comes last in my priorities during pregnancy	2 2	13 13	19 19	66 66	100	**1.51**	**Rejected**
13	I think using drugs will easy my delivery of baby	73 73	17 17	6 6	4 4	100	**3.59**	**Accepted**
14	I am of the feeling that drugs has nothing to do with easy delivery of baby	3 3	7 7	9 9	81 81	100	**1.32**	**Rejected**
15	I think taking drug will make my baby healthy	88 88	7 7	3 3	2 2	100	**3.81**	**Accepted**
16	My baby can still be healthy without using drugs.	7 7	11 11	13 13	69 69	100	**1.56**	**Rejected**
	AVERAGE WEIGHT	**311 38.87**	**112 14**	**73 9.12**	**304 38**		**2.53**	**Accepted**

Source: Author's Compilation, 2026

Table 2 above, presents the findings on research question two. On item (9), responses got indicated, 71(71), 19 (19), 4(4) and 6(6) for strongly agreed, agreed, disagreed and strongly disagreed. On item (10), the following responses were got 4(4), 14(14), 13(13) and 69 (69) for strongly agreed, agreed, disagreed and strongly disagreed, respectively. On item (II), responses got were; 63(63), 24(24), 6(6) and 7(7) for strongly agreed. On item (12) responses obtained showed, 2(2), 13(13), 19(19) and 66 (66) respectively.

On item (13), the following responses were got, alike, 73 (73), 17(17), 6(6) and 4(4) for strongly agreed, agreed, disagreed, and strongly disagreed. On item (14), responses got indicated the following; 3(3), 7(7), 9(9) and 81(81) for strongly agreed, agreed, disagreed and strongly disagreed, respectively. On item (15), 88(88), 7(7), 3(3) and 2(3) responses were obtained for strongly agreed, agreed, disagreed, and strongly disagreed, also.

Finally, on item (16), responses got showed, 7(7), 11(11), 13(13) and 69 (69) for strongly agreed, agreed, disagreed and strongly disagreed.

The average weight of findings showed that the average rating scale of four (X= 2.5) was lesser than the mean (X = 2.53). Hence, showed that pregnant women's attitudes and behaviors were positive towards drug.

Discussion of Results

The results on research question one revealed pregnant women were well disposed to drug use during pregnancy. The result was in consonance with Erinsakin and Odewale (2020), that most pregnant women were not unaware of the need for them to use drug during pregnancy period, rather the problem is self-medication and not compliance with the prescription of their physician which often result into complication during child birth, and also death of child after their births.

In the same vein, the result on research two also showed that pregnant women had positive behaviors and attitudes towards drug. The result also, aligns with the submission of Oyekan (2004), that in recent time with the orientation at Health care center across the country, pregnant women are developing positive attitudes to drug usage unlike, yesteryears when they solely rely on herbs and barks of trees as medication during pregnancy period.

Conclusion

Based on the findings of the study conclusion was made that pregnant women were well disposed to drug use during pregnancy, developed positive behaviors and attitudes to drugs and using drugs moderately and appropriately, and so on.

Recommendations

Based on the findings of the paper, the following recommendations were made:

1. Governments should intensify efforts at educating internally displaced pregnant women at Health Care Centers and Hospitals on drug use during pregnancy
2. Government should also endeavor to be moderating using of drugs by internally displaced pregnant women.
3. Government should establish more Health Care Centres and the cost of patronage should be made very friendly or at the reach of the pregnant women, especially the internally displaced.
4. Government should formulate policy that will make it compulsory for internally displaced pregnant women to be attending Health Care programme
5. Government should also be running health care programme for the internally displaced pregnant women through the media.

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