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# THE ROLE OF DEVELOPMENT EXCHANGE CENTRE IN IMPROVEMENT OF HEALTH STATUS OF BAUCHI RURAL WOMEN, NIGERIA.

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## ABSTRACT

The study analyzed the Development Exchange Centre's Effectiveness of Empowerment on Rural Women in Bauchi State, Nigeria. The objectives of the study included but not limited to; improvement in the health status of women . The study adopted a survey method as a research design with a population sample frame of 1335 women from a total of 55 women groups in the four Local Government Areas. The study employed a multistage sampling procedure to select 200 respondents randomly from four Local Government Areas which were purposively selected. Structured Questionnaire was used for data collection from the respondents. Secondary information was obtained from DEC's records and publications. The analytical tools used were descriptive statistics such as frequencies, percentages, and means and inferential statistics method using Chi Square analysis for testing the hypotheses. Results of the hypothesis tested revealed that; there is a significant effect of Development Exchange Centre on women beneficiaries in terms of economic self reliance, improvement in health status and access to education.. Other aspects of health that recorded improvement with various percentages include; awareness on HIV/AIDS, good water source, and general health care. The analysis identified improvement in the health status because 72% indicated that there were improvements in health care and maternity clinics. There was also a significant decrease in women patronizing Traditional Birth Attendants.

**Key Words:** Empowerment, Rural Women, Improvement and Traditional Birth Attendants and health care

## 1. INTRODUCTION

In order to achieve purposeful and wide spread in an economy it seems incontestable that every sector of such economy needs the required attention that will enable them contribute towards their development and the generality of the economy. For instance, children need adequate training at work and school to prepare them for their future. Adequate equipping of men and women will promote accelerated development, living healthy and strong economy. While everybody is important the role of women in the society seems uniquely peculiar in the light of child delivery, nursing and strong supporters of home keeping. It is women who are endowed to incubate and deliver both male and female children who later grow up to become men and women. Women are the principal custodians, teachers and fellows in charge of feeding the boy or girl until weaned. In Africa and in Nigeria in particular, it seems the affection by men and ladies towards their parents (mothers in particular) are a form of acknowledgement of the role of women in nation building in terms of sustaining and or promoting population growth, stable and peaceful homes.

According to Agu (2007) women are constituent segment of the economy in places such as African nations have suffered disturbing neglect in the areas of deliberately empowering them to be better participants in all spheres of their communities that call for improvements and general development. The concern is not localized to Nigeria or Africa alone for example in 1987, Bauchi State Adult Non-formal Education Agency (ANFEA) and Canadian University Services Overseas (CUSO) an International development organization that works to reduce poverty and inequality through the efforts of highly skilled volunteers.. *CUSO* live and work abroad; in Africa, Asia, and Latin America or the Caribbean. In Nigeria they are found to be collaborating with the Federal Government through NYSC, and also with Cross River and Bauchi States (CUSO, 2017).

The union of ANFEA and CUSO jointly conducted a research to ascertain the empowerment, educational and health status of women in Bauchi. The result of the research showed that women especially those in the rural areas are greatly disadvantaged in both social and economic terms. Among the most important problems the research found out was the degradation of the environment where the rural people live and farmed. The rivers and streams which most of them depended on are drying up because of the change in weather due to poor environmental management. Trees are cut down for fire wood, for timber and other uses. Also lack of good hygiene practices such as no pit latrine was among the causes of children dying of preventable diseases.

In virtually all the localities visited, it was found that there were no proper health care centers. Even the few that were available had no trained nurses, midwives and were poorly equipped. The rural pregnant women depended on Traditional Birth Attendants (TBAs). The women often suffered complications during delivery at hands of these TBAs. Complications that could not be curtailed led into loss of lives of mothers or babies at birth. The problems were more complicated because many of the rural areas were far from good hospitals. Worst still was that there were no good roads that could facilitate the rushing of woman in labour to the nearest hospital.

To remedy these problems the partners formed an NGO which they named Development Exchange Centre (DEC), Nigeria. It started as a resource centre for sharing information with women in groups. DEC Nigeria is a nongovernmental, nonreligious, nonpolitical, nonprofit making organization, providing social and health services to women groups, communities and NGOs in Nigeria to enhance their capacity for sustainable development. It is funded through internally generated sources, membership dues, income generated from services rendered to clients and consultancy. However, their core funding comes principally from development partners (donors) which include; UNDP, Water Aid Nigeria, USAID Nigeria, Action Aid, Department for International Development (DFID), and Oxfam Novib (Moda,2011).

The Organization was formed with the aim of empowering women particularly those in the rural areas. The main concept of women empowerment include; a process of positive change that improves women's bargaining power within a patriarchal structure, and identifies different causal pathways of change; material, cognitive, perceptual and relational. In short, empowerment is a process of awareness and human capacity building directed at leading to self improvement, greater participation in decision-making ability, self control, and greater potential to participate in any discussions and community development. The organization came in with a vision of society with equitable opportunities for sustainable development, and their mission is to empower women to improve their living conditions and status through integrated community development initiative. Over the years it has pursued its mission through various capacity building programmes. One of the objectives the organization is using to achieve its mission is; to improve access to improve health status which include awareness on dangers of HIV/AIDS on women and youth

## 2.Objective of the Study

- (i) The objective of this study is to determine the extent of improvement in the health status of women in rural areas of Bauchi State.
- (ii) Hypothesis:

$H_0$ , There is no significant effect of Development Exchange Centre on women beneficiaries in terms of, improvement in health status

The hypothesis was tested at 0.5% level of significance

## 3. METHODOLOGY

This study was conducted in Four Local Government Areas of Bauchi State namely; Alkaleri with 15 women groups and 360 women membership, Bogoro 17 groups with 370 women, Ningi 10 groups with 250 women and Toro 13 groups with 355 women participants were selected. These LGAs were purposively selected because of their rural nature and having higher number of participants. The study was limited to only women members that joined the group before 2016. These are the people most likely to have benefited from DEC optimally and could possibly give a more satisfactory response to questions asked. The total sample frame was 1335 women and 15% of the population which totaled 200 women was used as the respondents in the study as indicated in the Table 3.1

**Table 1: Population and Sample Size Distribution.**

S/N	LGA	Women Groups	Sample frame/ Registered women	Sample size
1	Alkaleri	15	360	54
2	Ningi	10	250	37
3	Toro	13	355	53
4	Bogoro	17	370	56
Total		55	1335	200

The researcher developed a Questionnaire for the respondents which covered the measurement of women’s self reliance from DEC’s participants for economic empowerment of women. Here the respondents were asked to fill in the blank spaces.

The data was analyzed using descriptive statistics such as frequencies, percentages and means. Since the activities of DEC is on-going, the use of before and now method of analysis was therefore, appropriate. The study also adopted an inferential statistics method using Chi Square analysis for testing the Hypothesis and also for testing some significant relationships between some variables. . The Chi square model used is here presented as follows:

The X<sup>2</sup> distribution is given as

$$X^2 = \sum \frac{(f_o - f_e)^2}{f_e}$$

Where:

X<sup>2</sup>= chi-square

F<sub>o</sub> = observed frequency

F<sub>e</sub>= expected frequency

∑= summation sign

The contingency coefficient (C) will be calculated as

$$C = \sqrt{\frac{x^2}{x^2 + N}}$$

Where: N= sample

#### 4. RESULTS AND DISCUSSION

One of the objectives of DEC is to improve the health status of rural women. A number of health services were analyzed and presented in Table 2.1. The results for health care services indicated a significant increase over the years when benefited from DEC, before participation only 25.0% indicated that they had access to health care. After the intervention by DEC, 75.0% indicated now having access to health care in their communities. Improvements in terms of maternity clinic were also recorded across the communities; the chi-square test indicated a significant increase during the project. This could be seen from the analysis on Table 4.3 above which shows a mean difference of 27.73.

Traditional birth attendant also recorded a significant decrease because the rural women, mostly 68.5% of them attended traditional birth before the intervention but with the inception of maternity clinic and the awareness on health care services given, rural women in the study area now attend antenatal clinics in their communities. Awareness and counseling centre for HIV/AIDs were also stabilized in the communities and had recorded a significant increase at p (<=0.05). The mean frequency before was found to be 65.2 while the mean frequency of now was 134.8. The mean difference was 69.6.

**Table 2.1 Improvement of Health Status of Rural Women (n=200)**

Items	Before		Now	
	Freq.	Percentage	Freq.	Percentage
Health care	50	25	150	75
Maternity clinic	56	28	144	72
Traditional Birth Attendant	137	68.5	63	31.5
HIV/AIDS counseling centre	13	6.5	187	93.5
Pit latrine	70	35	130	65
Source of drinking water:				
a. Stream/river	112	56	88	44
b. Cement well	108	54	92	46
c. Tube well	173	86.5	27	13.5
d. Bore hole	17	8.5	183	91.5
Trained medical doctors	38	19	162	81
Trained Midwives/Nurses	43	21.5	157	78.5
frequency of clinic visit in month				
No of visit	123	61.50	77	38.5
Less than two times	110	55.00	90	45
2-4 times	87	43.50	113	56.5
5-7times	112	56.00	88	44
More than 7 times	129	64.50	71	35.5
Mean	86.125		113.875	
Mean difference		27.73		

#### Improvement of Health Status of Rural Women

Pit latrine also had a significant increase during the project. Improvement with regard to sources of drinking water, before there were 56.0% of the participants that were getting their water from Stream/river 54.0% from cement well 86.5% from tube well. During the services of DEC however, most 91.5% of participants now drink water from constructed borehole.

Number of Trained medical doctors and Trained Midwives/Nurses significantly increased and the frequency of clinic visit has reduced significantly. This section has a frequency mean of before as 81.83 while mean of now is 118.16 and the mean difference is 36.33 a positive mean difference. The null hypothesis of no significant effect of Development Exchange Centre on improvement in health status is also rejected with indication of chi-square value which is significant Table

### Hypothesis

HO<sub>1</sub>: There is no significant effect of Development Exchange Centre on women beneficiaries in terms of improvement in health status of rural women.

This is presented in table 2.1 while the Chi-Square ( $X^2$ ) test result was presented in table 2.2

**Table 2.2: Summary of Chi Square test on the effect of DEC on women health status**

Variables	Before	After	TOTAL	$X^2$	critical	df	p-value	Decision
Observed	82	118	200(100)	25.142	23.68	14	0.014	Reject p>0.05
Expected	103.0	97.0	200(100)					

From the table above, the chi – square ( $X^2$ ) calculated, the critical value and the degree of freedom are displayed.

*Decision:*  $X^2$  at 14 degree of freedom (df) at 0.05 level of significance = 25.142. Since the calculated value (25.142) is greater than the critical value, and the p-value 0.014 < 0.05, we then reject the null hypothesis which states that “There is no significant effect of

Development Exchange Centre on women beneficiaries in terms of health status” and then accept the alternate hypothesis which can now be stated as; there is a significant effect of Development Exchange Centre on women beneficiaries in terms of health status:

**Table 3.0 Rating the Effectiveness of DEC by respondents**

S/N	Item	Frequency	Percentages (%)
1	Very Effective	142	71
2	Effective	42	21
3	Moderately Effective	11	5.5
4	Not Effective	7	2.5

The decision rule for drawing a conclusion for this study is that; a percentage of

- 70-100% - The programme is effective in meeting the specific expectation of the participants.
- 50-69% - Programme is adequate but not as effective as it should be.
- Below 40% - Implies major problems exist and significant attention needs to be devoted to specific concerns. (Adapted by Robert and John, 1997)

Following the analysis on Table 3.0 above it could be said that the activities of DEC under consideration in this study are effective in terms of meeting the specific expectation of the participants. This research work was able to find out two findings which relates to the problems stated in the introduction of this study; these findings are that;

- 1) women’s health status has greatly improved through the DEC’s health program
- 2) the project has significantly affected the level of awareness on HIV/AIDS for women and youth in the project areas.

The purpose of this Study was to find out the effectiveness of Development Exchange Centre on Empowerment of rural women in Bauchi State. Considering Gary (1996) view about empowerment, it enables women to take control of their own lives, set their own agenda, organize to help each other and make demands on the State for support and on the society itself for change. The first finding was: Women’s health status has greatly improved through the DEC health programme. This finding agrees with the position of Akanji (2006) who stated in a study he carried out in Ekiti State that all his respondents were aware of HIV/AIDS that can co-exist with pregnancy, and were aware of mother-to-child transmission. The respondents were aware of some routes of transmission. Sexual intercourse was identified as a route, blood transfusion, and shaving with razor and other sharp objects..

## 5. Conclusion

First and foremost this study was set to find out if DEC has empowered women in the rural areas where they operate. Based on the findings it could be concluded that; there were improvements in all the aspects of what makes a woman self- reliant in the study area.

## 6. Recommendations

- A. The parents that have learned more about the dangers of HIV/AIDS should make it mandatory to teach their children on how to avoid being infected. This has to do with exposing them to right education that will enable them know the danger of contracting the element. For instance illicit sex should be avoided.
- B. Development Exchange Centre and other Non-Governmental Agencies should complement the effort of the Government by equipping Primary Health Centers with drugs maternity kits and other accessories. This will help to sustain and improve the health status of women in the rural area
- C. The women that have participated should be encouraged by management of health clinics to advise other women on how to prevent some preventable disease from infecting their children and educating them on the values of vaccinations such as polio, cholera and other childhood diseases.

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