

Impact of Insecurity on Access to Maternal Health Services by Women of Reproductive Age in Selected Rural Communities in Zamfara State, Nigeria

ABSTRACT

Nigeria, Africa's largest economy is of late, enmeshed in monumental security challenges, to the extent that no section of the country is insulated from the activities of criminal elements. The most prominent of Nigeria's security hiccups is the Boko-Haram sect in the northeastern region of the country. Besides the Boko-Haram menace, the northwestern zone, particularly Zamfara State, has been under persistent bandit attacks with 16,086 persons abducted between 2015 and 2022. Similarly, 9,490 were killed while 1,385,625 persons were displaced within the period under review. This paper examined the impact of insecurity on access to maternal health services by women of reproductive age in selected local government areas of Zamfara State, Nigeria. Questionnaire and Key Informant Interview were the primary data collection instruments while the Subcultural theory served as the theoretical framework. A total of 382 respondents were used for the study while 30 key informants were interviewed. **The study found out that respondents travel 10 to 15km kilometres and 2 to 3 hours to arrive at the nearest maternal health facility leading to a remarkable decline in the rate of utilisation of health services. It was also discovered that insecurity has led to massive relocation of medical personnel, destruction of rural health facilities, decline in hospital patronage and dearth of essential drugs. The paper recommends the adoption of kinetic and non-kinetics strategies to stem insecurity; reconstruction of destroyed medical infrastructures; and location of health care centres within accessible distance to encourage patronage and rehabilitation of persons displaced by bandits in the State.**

Keywords: Bandits; Boko-Haram Sect; Displacement; Maternal Health Services; Medical Infrastructures.

1. INTRODUCTION

Maternal health is a critical component of the overall health system of any society. Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period [1] (World Health Organization [WHO], 2023). In particular, the link between maternal health and economic productivity cannot be overstated because healthier mothers and their offspring have been found to contribute to societies that are more productive and educated (Onarheim, Iversen, & Bloom, 2016). Maternal health is an important aspect of the overall process for the development of any country in terms of increasing equity & reducing poverty. The survival and well-being of mothers are not only important in their own right but are also central to solving broader economic, social and developmental challenges facing any society (<https://main.mohfw.gov.in/sites/default/files/Chapter415.pdf>).

Therefore, the provision of maternal health services especially in rural communities in developing countries where there are limited health infrastructures and lack of health personnel, remains a top priority. In addition, the provision of maternal health services especially among women of reproductive age in rural settings in developing countries is fundamental to addressing maternal and child mortality problems. Wu, Zhou, Wang, Cao, Medina, & Rozelle (2019) underscored the above point of view when they opined that maternal health services can significantly promote the maternal health and safety of women. Similarly, Haruna, Dandeebe and Galaa (2019) asserted that improved access to and utilization of various maternal healthcare services is strongly considered as a viable solution to poor maternal and child health challenges in many developing countries.

The series of interventions by international development agencies by way of advocacy and funding have over the years contributed tremendously to reducing the rate of maternal mortality globally. For instance, from 2000 to 2020, the global maternal mortality ratio (MMR) dropped by 34 per cent – from 342 deaths to 223 deaths per 100,000 live births (United Nations Children's Fund [UNICEF], 2023, WHO, 2023). Similarly, the Bill and Melinda Gates Foundation (2022) also confirmed that globally, there has been a change in the maternal mortality ratio (MMR) in 2021 to 158.8 deaths per 100,000 live births, compared to 157.1 deaths per 100,000 live births in 2020.

Even though significant progress has been recorded in addressing maternal health issues all over the world, disaggregated data from the WHO (2023) however showed that while some regions of the world have witnessed a significant decline in maternal mortality rate, other regions didn't record much gains. For example, sub-Saharan Africa alone accounted for around 70% or 202,000 of maternal deaths. This is not surprising because available data indicated that 95 per cent of maternal deaths occurred in low and middle-income countries with the majority (72%) in sub-Saharan Africa (WHO, 2023, World Bank, 2023).

In Nigeria, cases of maternal deaths are still high. According to the National Demographic Health Survey (NDHS, 2018), the Maternal Mortality Ratio (MMR) in Nigeria is 512 deaths per 100,000 live births for the seven-year period before the survey. The confidence interval for the 2018 MMR ranges from 447 to 578 deaths per 100,000 live births. Similarly, UNICEF (2017) stated that while the country represents 2.4 per cent of the world's population, it currently

contributes 10 per cent of global deaths for pregnant mothers. Figures released by UNICEF show a maternal mortality rate of 576 per 100,000 live births, the fourth highest on earth (UNICEF, 2017). In Zamfara State, the situation is not different. According to statistics released by the Maternal, Newborn and Child Health Programme (MNCH2, 2018), a programme sponsored by the United Kingdom, the Maternal Mortality Ratio (MMR) is 1,100 deaths per 100, 000 in Zamfara State.

Several studies have implicated socio-economic factors, poor road network, lack of skilled healthcare manpower, regressive cultural practices, poor access to health facilities, poor roads and obsolete medical equipment among others, for the increase in the vulnerability of pregnant women to maternal mortality (Fatusi and Ijadumola, 2003; Shehu, 2004 & Nuamah, Agyei-Baffour, Mensah, 2019). In addition to the above factors, the incidence of armed conflict and insecurity in different parts of the world has added a worrisome dimension to the challenges faced by women of reproductive age in accessing healthcare services.

For instance, a study by Che Chi, Bulage, Urdal and Sundby (2015), showed that in Burundi, armed conflict truncated access to maternal and reproductive health services by way of destruction of health facilities, looting of medical supplies and equipment, targeted killing and abduction of health care providers, and eventual migration of health providers to more secured areas. With the health infrastructure and personnel under severe threat, access to the services they provided was not only hampered but the quality was also affected. Similarly, the United Nations Population Fund (UNPF, 2002) affirmed that critical social services such as medical services, on which women strongly depend for their well-being, are greatly disrupted by armed conflicts. Essential services such as primary and reproductive health care are regularly truncated during conflict situations (UNPF, 2002).

In Nigeria, the activities of Boko-Haram in the northeastern part of the country resulted in the destruction of most of the health infrastructures in that region thereby putting the burden on the Nigerian Government and the International development agencies to rebuild. A World Health Organization (2016) assessment stated that in Borno State, northeastern Nigeria, one-third of the more than 700 health facilities have been entirely destroyed while one-third of the remaining facilities are completely non-operational. The report stated further that "High insecurity, difficult terrain and lack of health workers, medicines, equipment and basic amenities such as safe water

are making access to essential, lifesaving health care extremely difficult for people in this conflict-affected area”.

Insecurity in Northwestern Nigeria, particularly in Zamfara State, has also overtaken all other factors hindering women’s access to maternal health services in the State as banditry has apparently inflicted incalculable harm on property and human life there (Okoli & Ogayi, 2018). According to the Zamfara State Ministry of Humanitarian Affairs (2022), 697 persons were killed by bandits in 2015). Bandits intensified their murderous operations in the State in 2016, resulting in an approximated 931 fatalities. The attacks spun out of control in 2017, leaving no fewer than 1,954 persons dead (Saminu, et al, 2023). Banditry attacks peaked in 2018 with a casualty figure of 2,063 deaths. There was a temporary breather in such attacks in 2019 and 2020 as the total number of fatalities stood at 1,184 and 1,036, respectively (Saminu, et al, 2023). However, the year 2021 witnessed a dramatic rise as the number of fatalities climbed to 1,248 and dropped significantly to 377 in 2022 (Saminu, et al, 2023).

Data on cases of abduction released by the Zamfara State Ministry of Humanitarian Affairs (2022) showed that bandits abducted a total of 16,086 individuals in the State between 2015 and 2022. A breakdown of the number of abductees indicates that no less than 229 persons were kidnapped across the State in 2015, while approximately 656 others were picked up by kidnappers in 2016. The number of abductees rose steadily from 2,253 in 2017 to 3,659 in 2018, and 4318, in 2019. The figure declined to 1948 and rose astronomically to 2308 in 2021. The year 2022 witnessed a decline in abduction cases to 645, ostensibly due to increased military offensive against the bandits. Aside from the kidnapping, maiming and killing of innocent persons, the menace of banditry has also created a serious humanitarian crisis in Zamfara State. The Ministry of Humanitarian Affairs (2022), reported that between 2015 and 2022, 1,385,625 people were displaced due to the activities of bandits.

It is against this backdrop that this research examines the impact of insecurity on access to maternal health services by women of reproductive age in selected rural communities in Zamfara State.

1.1 Research Objectives

The aim of the study was to assess the impact of insecurity on access to maternal health services by women of reproductive age in select rural communities in Zamfara State. The specific objectives were to:

- i. Determine the socio-demographic characteristics of women of reproductive age in selected rural communities in Zamfara State.
- ii. Assess the impact of insecurity on access to maternal health facilities by women of reproductive age in selected rural communities in Zamfara State.
- iii. Assess the impact of the long distance from the location of healthcare facilities and the patronage of such facilities by women of reproductive age in the face of insecurity in the study area.
- iv. **Suggest** possible ways to improve access to maternal health facilities by women of reproductive age, even in the face of insecurity in the State.

2. LITERATURE REVIEW

Evidence from a wide variety of literature has strongly supported the view that there is a correlation between maternal health services and the health of women and their unborn babies. According to Nuamah, Agyei-Baffour, Mensah, Boateng, Quansah & Addai-Donkor (2019), a strong maternal health support system is indispensable for women's advancement. However, women, particularly those in rural settings suffer from avoidable complications during and after pregnancy due to limited access and utilization of maternal healthcare.

The World Health Organization, (2004), explained that maternal and child health services are health care interventions provided to women of childbearing ages for the purpose of protecting them and their unborn children. Similarly, Darmstadt, Bhutta, Cousens, Adam, Walker & de Bernis (2005) argued that access to healthcare facilities is a key driver in the utilization of health services in developing countries.

Despite the importance of maternal health facilities to women's health, access to such facilities by women in rural communities in developing countries is a serious challenge. According to Babalola and Fatusi, (2009), women in rural settings lack access to maternal healthcare services and empirical evidence suggests that such services remain low in sub-Saharan Africa including Nigeria. Similarly, the WHO (2004), also affirmed the view that the key drivers of maternal deaths are the absence, inadequacy or underutilization of the healthcare system. It has also been

observed that the dearth of vehicles particularly in rural communities and bad road networks make it extremely difficult for women to reach even relatively nearby facilities (Lambo, 2006). Beyond the lack of access to maternal health care services due to economic and cultural factors, conflict and other forms of crime have a negative impact on women. According to **the United Nations Population Fund (2002)**, conflict makes women susceptible to different forms of health threats including insecurity. Similarly, **UNICEF (2001)** observed that around the world, conflict has a negative effect on human health and well-being due to a lack of access to healthcare facilities. Snoubar (2016) also agreed that conflict has a deleterious effect on community infrastructure such as health, education and other essential services.

2.1 Theoretical Framework

This paper **used** the subcultural theory to provide a theoretical **guide** for the study. The Subcultural theory of crime **was made popular** by Wolfgang and Ferracuti (1967). A subculture is a patterned way of life similar in some ways but different from the dominant culture in expectations about the members' choice in satisfying their wants (Conklin, cited in Ameh, 2020). The subculture theory asserts that all groups have norms and values that are shared among members. These norms and values shape members' lives by defining crime and violence as either appropriate or inappropriate in certain situations. While the mainstream culture defines acceptable conduct and prescribes appropriate sanctions, members of subcultures often go against such prescriptions in furtherance of the goals of their own subculture, thereby giving rise to a culture of conflict. The theory added that the more integrated into a subculture of violence and negative influence an individual or group is, the greater the likelihood of involvement in crime. Critiques of the theory, particularly Conklin (2010), contend that although some groups, regions and countries do have high rates of criminal violence, there is no strong evidence that a subculture of violence is the cause of the criminal acts.

Within the context of this study, the subcultural theory has high validity. This is because the mainstream Hausa culture has conduct norms that not only abhor criminal activities such as banditry, abduction, kidnapping, armed robbery and terrorism, but also prescribes appropriate sanctions for their violation. However, the emergence of the Boko-Haram Islamist sect in northern Nigeria in 1999, with its **resentment** of Western values, has created armies of **disloyal** subcultural groups whose members engage in banditry, abduction, kidnapping, terrorism, killing and maiming as

well as the destruction of critical social infrastructures, including health care facilities, in open **disobedience** of the laws of Nigeria. The activities of bandits in Zamfara State have, in addition to the destruction of health care facilities, also denied women of reproductive age, the benefits of such important infrastructure.

3. METHODOLOGY

The study adopted a cross-sectional survey design. The questionnaire was adopted as the primary data collection instrument, and it was supplemented by the Key Informant Interview (KII) Guide. The location of the study was Zamfara State, Nigeria. The State has 14 Local Government Areas, namely, Anka, Bakura, Birnin-Magaji, Bukkuyum, Bungudu, Gummi, Gusau, Kaura-Namoda, Maradun, Maru, Talata-Mafara, Shinkafi, Tsafe and Zurmi. A purposive sampling technique was used to select only local government areas that were mostly affected by insecurity. The selected Local Government Areas were Anka, Tsafe, Shinkafi, Bukkuyum, Kaura Namoda and Zurmi, spread across the Central, North and West Senatorial zones of the State. The sample size of the study consisted of 400 women between the ages of 15 and 35 years. The inclusion criteria for the questionnaire respondents were that they must be women of reproductive age and residents of the study area.

A total of four hundred questionnaire copies were administered by pre-trained Research Assistants with social science background and good knowledge of the language and culture of the respondents. To mitigate the literacy barrier in filling out the questionnaire copies, the research assistants (where necessary) read out the items in the questionnaire in the indigenous Hausa language and ticked the relevant choices made by the respondents. Consequently, out of the 400 administered copies, 382, representing 95.5 %, were retrieved. The questionnaire items were coded and processed using the Statistical Package for Social Sciences (SPSS) Version 20. The KII was conducted in five sessions with 30 informants made up of traditional and religious leaders, youth leaders, farmers, members of medical associations and nurses and midwives. The transcribed feedback from the KII was qualitatively analysed to complement responses from the questionnaire. The essence of using the mixed method was to assist the researchers in answering research questions with sufficient depth and breadth (Enosh, Tzafrir, & Stolovy, 2014). In addition, data confirmed by more than one source helps to enhance the reliability of the study result (Stavros & Westberg, 2009)

4. RESULTS AND DISCUSSION

The researchers measured all the survey items described below, combining both open-ended and structured questionnaire items.

Table1.Socio-Demographic Characteristics of Respondents

Variable	Frequency (f)	Percent (%)
Age 15-20	12	3.1
21-25	144	37.7
26-30	147	38.5
31-35	79	20.7
Total	382	100
Marital Status Married	278	72.8
Single	13	3.4
Widowed	65	17.0
Divorced	26	6.8
Total	382	100
Level of Education No formal education	89	23.3
Quranic education	145	38.0
Primary education	71	18.6
Secondary	48	12.6
Post-secondary	29	7.6
Total	382	100
Occupation Petty trading	47	12.3
Farming	130	34.0
Business	74	19.4
Civil servant	21	5.5
Housewife	110	28.8
Total	382	100
Annual Income 20,000	255	66.8
50,000	105	27.5
100,000	21	5.5
200,000 & above	1	0.3
Total	382	100
No. of Children 1-3	73	19.1
4-6	134	35.1
7 -9	124	32.5
10 & above	51	13.4
Total	382	100
Religion Islam	370	96.9
Christianity	12	3.1
Total	382	100

Source: Field Survey, 2023

The result in Table 1 indicated that the majority of respondents represented by 76.2% (291) were within the age bracket of **21 and 30 years**. Those within the 31 years and above bracket constituted 20.7% (79) of the sampled population while those who were **between 15 and 20 years** accounted for 3.1% (12) of the sampled population. This means that the majority of the respondents were within the reproductive age bracket and would, therefore, need maternal health services. In terms of marital status, the majority of the respondents represented by 72.8% (278), were married while the least category represented by 3.4% (13) were single. This result is in tandem with the National Demographic Health Survey (NDHS, 2019) report which stated that 75% of women in Nigeria are either married or living together with a partner.

On educational distribution, the majority of respondents represented by 38% (145) had Quranic education while the least segment had post-secondary education represented by 7.6% (29). It is obvious that the majority of the women in Zamfara State have no formal education. This is consistent with the report of the National Bureau of Statistics (NBS, 2019) which stated that 75.0% (the third highest, after Sokoto and Kebbi State in Nigeria) were women between 15 and 49 years who have no formal education. The occupational distribution of the respondents indicated that the majority of the respondents represented by 34% (130) were into farming while the last group, 5.5% (21) were civil servants. A plausible explanation for the dominance of the women folk in the sample is that farming is the primary occupation of the people of Zamfara State, which prides itself on the slogan "farming is our pride".

The annual income of the respondents showed that the majority of the women 66.8% (255) had an annual income of less than N20,000 while 0.3% (1) had an annual income of N200,000 and above. This is not unexpected because (a) The National Demographic Health Survey (2019) identified 54.4% of the people living in Zamfara State as falling within the lowest wealth quintiles; (b) Zamfara State is ranked the 6th poorest State in Nigeria with 73.98% of its population being below the global poverty line (National Bureau of Statistics, NBS, 2020).

With regards to the number of children, the majority of the women had 4-9 children (67.3%) while the least segment 13.4% had 10 children and above. This is expected because the total fertility rate (TFR) in North West Nigeria to which Zamfara State belongs, is 6.6, a figure, which is the highest in the 6 geo-political zones in Nigeria (NDHS, 2019). Regarding religious affiliation, the majority of the respondents practised Islamic religion, represented by an

overwhelming 96.9% (370) while the others represented by 3.1% (12) were Christians. The dominance of Islam in the study area is because Zamfara State is predominantly a Muslim-dominated State.

Table 2.Distance from Residence to the Nearest Primary Healthcare Centre

Variable	Frequency	Per cent
5km	26	6.8
10km	174	45.5
15km	182	47.6
Total	382	100.0

Source: Field Survey, 2023

Data in Table 2 indicated that the majority of the respondents, 93.2 % (356) had to travel 10-15 km to access the nearest primary Healthcare Centre while 6.8% (26) were within a 5km radius. This result has two implications for women and access to maternal health services. First, the distance of 10-15km that women of reproductive age in Zamfara State have to traverse in order to access maternal health services is far-flung and tortuous. Several studies have shown that distance can influence healthcare-seeking behaviours in expectant mothers (Gabrysch & Campbell, 2009). In addition, the 10-15km distance exceeds the benchmark of a 5km radius to the nearest health facility recommended by the WHO (Ashiagbor, et al, 2020, Aduragbemi et al., 2023). This also implies that 93.2% (356) of the respondents in rural communities who travel 10-15km would spend 2-3 hours to access the nearest maternal facilities. Such outcome negatively impacts access to health services as studies such as those of Gborgborstiet al(2023) affirm that when travel time from women's residence to the health facility increases by up to two hours, there will be a remarkable decline in the rate of utilisation of health services

Due to the spiralling level of insecurity especially in rural communities in Zamfara State, longer distances and the time spent to reach such facilities expose women of reproductive age to security threats in their bid to access maternal health services. In fact, more often than not, bandits block rural and semi-urban roads at random and abduct people, including women, girls and children. For example, on 3rd December 2021, bandits blocked the Shinkafi – Kaura Namoda – Gusau and the Shinkafi – Isa - Sabon Birni roads and kidnapped passengers (Babangida, 2021).

Similarly, at about 11.00 am on the 4th of October, 2022, bandits blocked the highway from Yankara-Tsafe before Magazu town and operated for three hours (Umar, 2022). On June

12th2022, gunmen held several motorists hostage for hours and abducted in the process, more than 50 wedding guests travelling along the Sokoto-Gusau Road (Babangida, 2022, Salaudeen, 2022 & Sahara Reporters, 2022). Therefore, with roads under daily attacks by bandits, most pregnant women are afraid of travelling long distances to access maternal health services.

Table 3.Impact of Insecurity on Access to Maternal Health Care Service

Impact	Frequency (f)	Per cent
Fewer women visit maternal health facilities for antenatal	31	8.1
Drug and medical supplies are inadequate	22	5.8
Destruction of health facilities in many rural areas	35	9.2
Many health personnel relocated on account of insecurity	42	11.0
Avoidable deaths from lack of medical care while giving birth	7	1.8
Pregnant mothers in the community patronize quacks and traditional birth attendants	32	8.4
All of the above	213	55.8
Total	382	100.0

Source: Field Survey, 2023

The data in Table 3 showed that insecurity has a negative impact on women's access to maternal health services in the study area. Results from the collected data indicated that the majority of the respondents represented by 57.9% (221) were of the view that insecurity negatively affected women's access to maternal health services. The impacts range from the incidence of fewer women visiting maternal health facilities for antenatal, inadequacy of drugs and medical supplies as depleted stocks could not be restocked due to insecurity, destruction of health facilities in many rural areas, to the relocation of many health personnel from security prone arrears to safer locations. Added to these are cases of avoidable deaths of pregnant women due to lack of medical care while many pregnant mothers in the community resort to patronizing quacks and traditional birth attendants.

5. DISCUSSION Findings from the study indicated that insecurity negatively impacted access to maternal services by women of reproductive age in Zamfara State in diverse ways. These include relocation of medical health personnel, destruction of rural health facilities, decline in the number and frequency of women visiting health facilities for medical care and shortage of drugs and medical consumables. Feedback from Key Informant Interviews painted a very pathetic

picture of the damage done by insecurity with regard to access by women of reproductive age in **selected** Local Government Areas **within** the three senatorial districts of Zamfara State. The views expressed by many of these key informants are reflected in the discussion relating to the issues underneath.

(i) Relocation of Medical Health Personnel on account of Insecurity

Many of the key informants were of the **opinion** that insecurity has forced many health workers to relocate from Zamfara to other States in Nigeria. The respondents opined that constant kidnapping especially in rural communities by bandits, has made medical personnel move out of Zamfara State for their protection. One of the key informants in Tsafe Local Government who was interviewed on the 2nd of October, 2023, lamented thus:

Because of insecurity, women in the community are not able to visit the hospital due to the constant blockade of roads in the town by bandits. In addition, most of the medical staff working in our area have relocated to Gusau town for fear of their safety.

Similarly, in Shinkafi LGA, a 42-year-old civil servant told the researchers that most of the medical staff providing services in the village **were** afraid of travelling to the health centres where they **were** posted **as** bandits invade the roads at random, and search vehicles in the course of which many people, including health care providers, get kidnapped. This, to him, has discouraged health workers from coming to work for fear of their safety. Secondary data also support the fact that medical personnel have fallen victim to kidnapping on several occasions in the State. For example, on the 26th of March, 2019, bandits abducted a North Korean Medical doctor attached to the Tsafe Local Government General Hospital in Zamfara State, Dr. Jen Sunail (PM News, 2019).

Also, on the 28th of June 2022, bandits abducted three medical personnel at the General Hospital Dansadau in Maru LGA of Zamfara State (Babangida, 2022). The Safeguarding Health in Conflict Coalition (SHCC, 2022) revealed that abduction of health personnel incidents doubled in Zamfara State in 2022 from two in 2021 to four. Worried by the incessant attack on its members, the Nigeria Medical Association (NMA), the umbrella union for medical doctors in Zamfara State gave the Zamfara State government a two-week ultimatum to address the security challenges facing its members or risk shutting down all health centres in the State. Generally, violence against medical personnel in Nigeria has been

on the increase. According to the Safeguarding Health in Conflict Coalition (SHCC, 2022) there were 43 incidents of violence against or obstruction of health care services in Nigeria in 2022, compared to 56 in 2021. In these incidents, 37 health workers were kidnapped, seven others were killed, and health supplies were looted from pharmacies and health centres (SHCC, 2022). According to Gulumbeet al (2023), in the last decade, over 70 health workers have been kidnapped in Zamfara State.

(ii) Destruction of Health Facilities in Rural Areas

Evidence from field data indicated that the activities of bandits have led to the destruction of several health facilities in rural communities in Zamfara State. One of the informants in Anka Local Government Area, who was interviewed on the 3rd of October, 2023 told the researchers that most of the health facilities in their communities have been destroyed by bandits, thereby making it difficult for people to access medical care. According to him:

If not for the intervention of the NGOs that have been providing free medical services to the people of our communities, life would not have been easy for the community.

The disclosure by the informant with regards to the destruction of medical facilities by bandits resonated with the views of the Executive Secretary, of Zamfara State Primary Health Care Board Dr Hussaini Anka, who lamented that "out of over 700 PHCs in this State, only about 200 are accessible while the remaining 500 are not functioning due to insecurity" (Mustapha, 2023). It is on record that on the 30th of July, 2021, bandits attacked the General Hospital Dansadau in Maru LGA (Nathaniel, 2021). Similarly, on the 16th of January, bandits attacked and ransacked a Primary Health Care facility at Makosa village in Zurmi Local Government Area (Sahara Reporters, 2020).

Studies such as those of (Adamu & Abdulahi, 2021; Okojie & Ahmed, 2022) indicated that bandit attacks have led to the destruction of key medical infrastructures as well as the disruption of essential social services particularly in the Anka Local Government Area of Zamfara State. Okojie and Ahmed reported that 23 of the 41 Primary Health Care facilities in Anka LGA were destroyed by bandits, thereby exposing women of reproductive age and others in dire need of medical attention in the area to untold distress and avoidable trauma.

(iii) Decline in the Number of Women Visiting Maternal Health Facilities

The menace of insecurity has impacted negatively on the number of women who visit maternal health facilities as revealed by the study. In an October 10, 2023 interview in Tsafe Local Government Area, a 32-year-old informant explained that the activities of bandits had affected the patronage of health facilities in their community, lamenting that many women died from avoidable deaths as they could not access health services in the area. The story is the same in Shinkafi LGA where a 45-year-old farmer told the researchers that because of insecurity, most of the medical dispensaries have been shut down thereby affecting women's access to medical services.

Another informant in Anka LGA., explained the impact of insecurity on women's access to maternal services as follows:

Most times, you will see a pregnant woman in labour in my village who cannot come to the hospital due to insecurity and this gives rise to prolonged labour and at times, the mother and baby end up losing their lives.

Research has shown that from 2019 to 2021, antenatal attendance across the 41 health facilities in Anka LGA dropped from 13.1% to 6.5%, while stillbirth deliveries and routine immunization decreased from 7.7% to 3.4% and 8.8% to 4.2% respectively. Also, the average weekly attendance rate of patients dropped from 20 patients to 5 in most of the PHCs (West Africa Network for Peace Building Report, 2019; Zamfara State Strategic Health Plan 2010-2015) as a result of insecurity. This outcome has grave implications for the health of patients, particularly those on regular antenatal and postnatal appointments at such health facilities. One hidden implication is that the drop in hospital visitation as a result of insecurity could make some of the women resort to the services of quacks and other predatory medical service providers in the study area.

(iv) Shortage of Drugs and Medical Consumables.

This study has shown that insecurity has led to a drastic shortage in the supply of drugs and other medical consumables in the study areas. Given that bandits often block rural and urban roads in Zamfara State, people supplying drugs to health care facilities, especially in rural communities are forced to rethink plying such routes for fear of being kidnapped, thereby creating a supply gap problem. The implication is that the few healthcare centres that still

manage to attend to patients even in the face of insecurity, eventually run out of medical supplies and other consumables, thus compounding the woes of needy patients.

6. CONCLUSION

This empirical study was primarily conducted to assess the impact of insecurity on access to maternal health services by women of reproductive age in selected rural communities in Zamfara State. Deriving from the study findings, the researchers conclude that insecurity has negatively impacted access to maternal services by women of reproductive age in Zamfara State in diverse ways; among them, relocation of medical personnel, destruction of rural health facilities, decline in the number and frequency of women visiting health facilities for medical care and shortage of drugs and medical consumables. These findings may lead to a further reduction in the percentage of access to health services by women of reproductive age in Zamfara State from the 2018 figure of 40% as released by the National Demographic Health Survey, to something much worse.

7. RECOMMENDATIONS

Consequent to the findings of this study, the following recommendations are put forward to aid policy formulation and possible implementation, with a view to enhancing access to maternal health services by women of reproductive age in bandit-ravaged communities in Zamfara State.

- (a) Evidence in both field and extant literature indicated that the upsurge in insecurity has led to massive relocation of medical personnel, not only from rural communities but also out of Zamfara State as a whole. The implication of this on maternal health and economic productivity in the State is very dire, indeed. It is hereby recommended that urgent steps should be taken by both the Federal and Zamfara State Governments to stem insecurity through the deployment of both kinetic and non-kinetic measures, including constructive engagement with the bandits to lay down their arms and embrace peace. When this is done, the State Government must embark on sustained confidence-building measures such as improved welfare and life-insurance packages to woo back run-away medical professionals as well as recruit new ones.

- (b) The Zamfara State Government should also take inventory of all medical health infrastructures destroyed by bandits with a view to embarking on a comprehensive reconstruction of such facilities. The services of Community vigilante groups should be employed to safeguard such critical infrastructure while traditional and community leaders must assume ownership of the facilities by protecting them against destruction by bandits and other criminal elements in the various rural communities.
- (c) As part of security measures to protect health facilities, trenches should be dug around them to ward off intruders and other criminally-minded persons.
- (d) Going forward, the location and building of new health facilities by both the State and Local Governments in Zamfara State should take cognizance of the 5-km radius minimum distance recommended by the World health Organization as against the current 10-15Km radius. The proximity of health centres to rural communities, apart from stemming their possible destruction by bandits, encourages high patronage by women of reproductive age.
- (e) Findings indicated that aside from the kidnapping, maiming and killing of innocent persons, the menace of banditry also created a serious humanitarian crisis in Zamfara State. The Zamfara State Government, through the Ministry of Humanitarian Affairs, should embark on measures such as skills acquisition, economic empowerment and poverty alleviation programs to provide sustainable succour for the 1,385,625 people displaced by bandits, most of whom are sheltered in poorly managed and vulnerable IDP camps.

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Authors' Contribution Statement

All the listed authors significantly contributed to the development and writing of this paper.

Conflict of Interest

The authorsdeclare no conflict of interest.

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