MATERNAL HEALTH
A Review of the Nigerian Situation

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NIGERIA
Political Map
N
NIGER
CHAD
Lake
Chad
BENIN
CAMEROON
C.A.R
EQUATORIAL
GUINEA
GULF OF GUINEA
Sokoto
Zamfara
Katsina
Jigawa
Yobe
Borno
Kebbi
Kano
Kaduna
Bauchi
Gombe
Adamawa
Niger
Kwara
Federal Capital
Territory
ABUJA
Plateau
Nassarawa
Taraba
Benue
Oyo
Osun
Ekiti
Kogi
Ogun
Ondo
Edo
Lagos
Enugu
Anambra
Ebonyi
Cross
River
Abia
Imo
Delta
Bayelsa
Rivers
Akwa
Ibom
Calabar
Damasak
Nguru
Maiduguri
Damaturu
Yola
Jalingo
Makurdi
Lokoja
Ilorin
Ibadan
Abeokuta
Ikeja
Benin
City
Awka
Uyo
Port
Harcourt
Yenagoa
0 100 Km
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LEGEND
International Boundary
State Boundary
National Capital
State Capital
Other Cities

1.1 Introduction and Background

- Complications of pregnancy and childbirth are a leading cause of maternal morbidities and mortalities for women of reproductive age (15 – 49 years) In developing countries. The WHO estimates that over 500,000 women and girls die from complications of pregnancy and childbirth each year, worldwide, with approximately 99% of these deaths occurring in developing countries. With a maternal mortality ratio of 545 deaths per 100,000 live births (NDHS, 2008), Nigeria accounts for about 10% of all maternal deaths, globally, and has the second highest mortality rate in the world, after India. It is also reported that, for every women that dies from pregnancy-related causes, 20 – 30 more will develop short- and long-term damage to their reproductive organs resulting in disabilities such as obstetric fistula, pelvic inflammatory disease, a ruptured uterus, etc (MNPI report, n.d.; Ogunjuyigbe & Liasu, n.d.; WHO, 2007). These high morbidity and mortality rates make maternal health a huge public health problem in the developing countries of the world, including Nigeria. Childbearing is a key part of women's lives and occurs mainly in the adolescent and adult years. Maternal health (MH), therefore, becomes a very important issue as this is also their most productive time when they strive to fulfill their potential as individuals, mothers and family members, and also as citizens of a wider community. At the individual level, women's poor health causes lack/loss of employment, leading to poor income. This contributes to women's persistent poverty and lack of empowerment. Poor MH can also have huge costs on families in emotional, health and economic terms. It is well documented that maternal morbidities and mortalities directly affect the survival and well-being of children (Van den Broeck et al, 1996; Kausar et al, 1999; UNFPA, 2005) and also contributes to poor family relationships (Gill et al, 2007). Direct medical costs, loss of income and other economic contributions, potentially put the family in economic distress.
- On a macro-level, maternal death and subsequent child death is associated with a loss of productivity leading to an estimated global economic loss of about US$ 15 billion (USAID, 2001). Hence, MH also has developmental consequences beyond its more obvious health ones. This was recognized by world leaders at the Millennium Summit, in 2000, by including it as the fifth Millennium Development Goal (MDG).
- MDG 5 focuses on improving MH and initially had one target – To reduce by three quarters the maternal mortality ratio by 2015. The realization that availability of and accessibility to adequate reproductive healthcare leads to improvements in MH, led to the introduction of a second target – Achieve, by 2015, universal access to reproductive health – in 2006.

The Nigerian Context

Nigeria is a diverse country comprising many ethnic groups and different religious leanings. It is reported that about 374 identifiable ethnic groups (NDHS, 2008) exist and the predominant religions are Islam and Christianity, with a few practicing traditionalist religions. Nigeria is divided into six geopolitical zones – North Central (NC), North East (NE), North West (NW), South East (SE), South South (SS), and South West (SW). The regions of the northern and southern parts of Nigeria have distinctly different socioeconomic, cultural and religious practices. This could account for the differences recorded in utilization of the various MHCS across the country. For example, the percentage of births attended to by a skilled professional range from a high of 81.8% in the SE to a low of 9.8% in the NW. Similarly, 90.1% of women in the NW are more likely to give birth at home compared to 22.5% in the SW (NDHS,

The **Millennium Development Goals** (**MDGs**) are eight international development goals that were officially established following the Millennium Summit of the United Nations in 2000, following the adoption of the United Nations Millennium Declaration. All 193 United Nations member states and at least 23 international organizations have agreed to achieve these goals by the year 2015. The goals are:

Eradicating extreme poverty and hunger,
Achieving universal primary education,
Promoting gender equality and empowering women,
Reducing child mortality rates,
Improving maternal health,
Combating HIV/AIDS, malaria, and other diseases,
Ensuring environmental sustainability, and
Developing a global partnership for development.[1]

Maternal Mortality or Maternal Death is 'the death of a woman while pregnant or

within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes' (WHO, 2011).

List of the six geopolitical zones of Nigeria and the states comprising them

ZONES STATES

- North Central
- Benue, Federal Capital Territory (FCT),
- Kogi, Kwara, Nassarawa, Niger, Plateau
- North East
- Adamawa, Bauchi, Borno, Gombe,
- Taraba, Yobe
- North West
- Jigawa, Kaduna, Kano, Katsina, Kebbi,
- Sokoto, Zamfara
- South East
- Abia, Anambra, Ebonyi, Enugu, Imo
- South South
- Akwa Ibom, Bayelsa, Cross River, Delta,
- Edo, Rivers
- South West
- Ekiti, Lagos, Ogun, Ondo, Osun, Oyo

HEALTH CHALLENGES OF WOMEN

The major current challenges to the health of Nigerian women can be considered under the following headings:-

- From birth to adolescence
- Maternal (Reproductive) health
- Non Obstetric health challenges
- Problems of the elderly women

A FROM BIRTH TO ADOLESCENCE

It has often been said that the obstetric career of a woman is written in utero. Foetal and maternal nutrition is of utmost importance. Poor maternal and consequently foetal nutrition can adversely affect formation of vital organs such as the musculoskeletal system of the future mother. The infant mortality in Nigeria (2009) is particularly high and is mainly due to poverty in consonance with malnutrition and preventable childhood infections. Poverty, Ignorance and Preventable Ailments are responsible for the many social disadvantages many female children suffer in most parts of Nigeria and these may affect them as adults. These include Female Genital Mutilation, Illiteracy, Child labour, Sexual abuse, Sexually transmitted disease/HIV, illegal abortion, Forced/early marriage and Under-nutrition.

Female Genital Mutilation (FMG)

This primitive practice has been described as “the unkindest cut of all”. It should be strongly condemned and discouraged. Women in legislative houses should take the initiative against this heinous practice.

Illiteracy

It is estimated that less than half of Nigerian girls acquire secondary school education especially in the northern parts of Nigeria. Lack of education adversely affects the ability to comprehend the basic principles of health care and to achieve good quality life as adults. There is a tendency to marry early with the consequences of grand-multiparity and its consequences (Ozumba and Igwegbe,1992).

Child labour/child abuse

Girls from poor disadvantaged families with little education are hired out as house servants to care for children of the rich, made to work very long hours. They are often poorly fed and are subjected to physical punishment. Occasionally, house girls are victims of rape within the household.

Sexually transmitted diseases and HIV

The early exposure of girls to sexual relationships and increasing incidence of casual sex has led to an upswing in the prevalence of these diseases. This will lead to deleterious effects on the reproductive system and possible vertical transmission of HIV to the unborn child.

Unsafe abortions/Unwanted pregnancies

Unsafe and septic abortion is still rife in many parts of Nigeria. They are carried out by quacks in filthy environments. The consequences are often dire, and include haemorrhage, infection, future infertility, and occasionally, death.

Forced and early marriage

Forced early marriage is a form of Child Abuse which is clearly defined in the Nigerian Child Rights Act. Efforts should be made to redress this anomaly in the interest of our children.

Under nutrition of the Girl Child

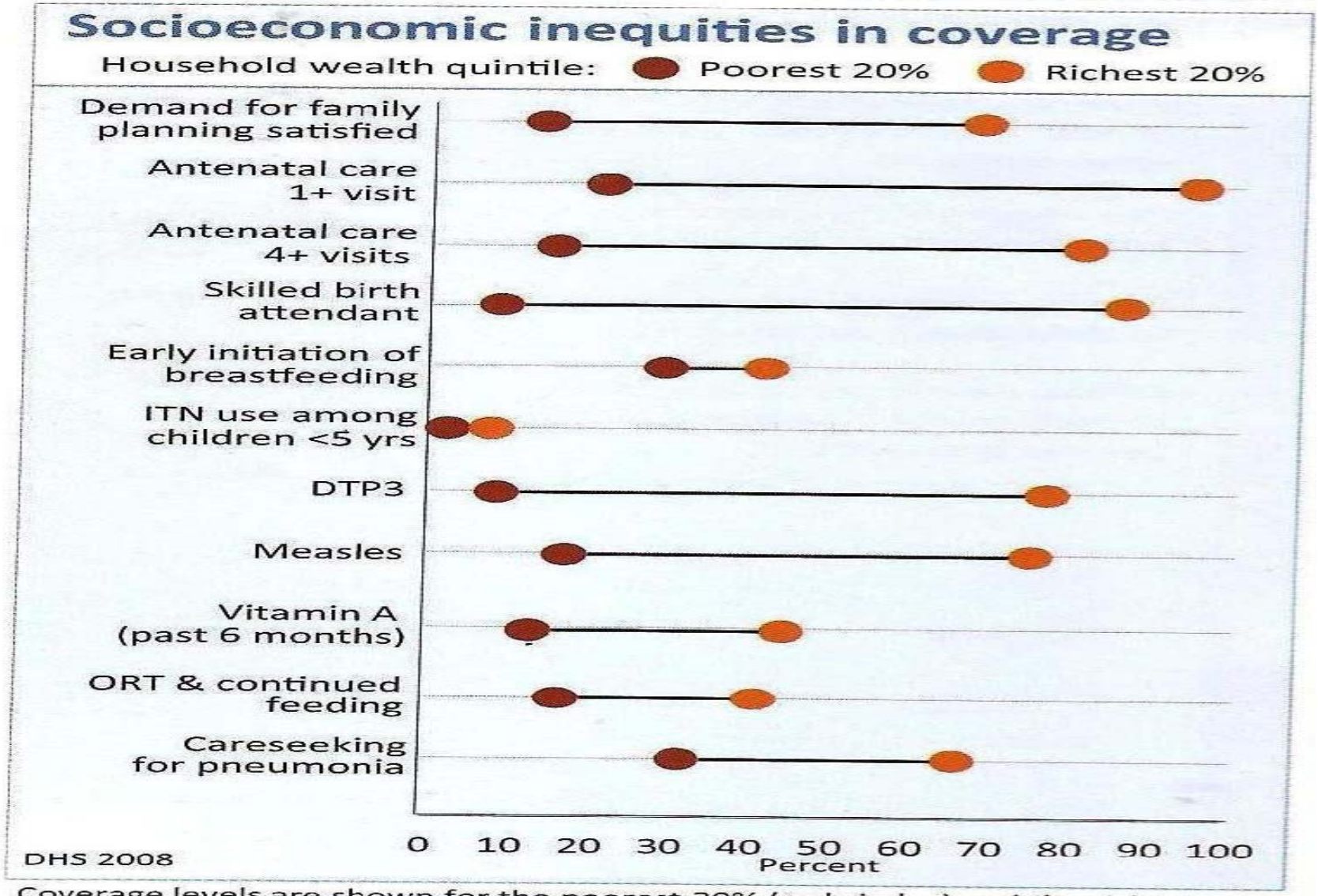
There is an emerging trend among mothers in Sub-Saharan African countries to adopt poor infant feeding practices as shown by the marked decline in exclusive breast feeding and very early introduction of complementary foods, particularly maize gruel at 2 to 4 months of life. This could result in marasmus and later chronic under nutrition in the absence of nutritional intervention. Low birth weight babies are adversely affected both in infancy and during their reproductive career.

Having babies in developing nations may be life threatening. Literally every minute, a woman dies from avoidable complications caused by pregnancy – this adds up to approximately half a million fatalities per year. In Nigeria alone, maternal mortality rate reaches up to 3,200 women (number of mothers per 100,000 births dieing within 42 days after the childbirth); in Northern Nigeria , this rate is even higher. The maternal mortality rate is even higher in areas where many women have many babies in short time spans under malnutrition, bad hygienically conditions and lacking access to medical
treatment.
Therefore, the United Nations (UN) have defined “Maternal Health Care” as one of their top eight priorities for this millennium. As reliable members of the society, women and mothers play a vital role for the sustainable development of family life in African nations, although women often still lack of fundamental human rights such as the right of health and freedom from bodily harm. In many developing nations, women can neither benefit from the slowly improving economical situation, nor from available medical care. Therefore, it is a key objectives of many Non-Government Organizations (NGOs) to help improve the living conditions among the poorest members of the society.

Other than poverty, bad hygienically conditions and limited access to medical treatment, lacking enlightenment often is the primary cause for high mortality rates among babies (8-20 % in their first year of life) and mothers. 8-12 ‰ of child-bearing women between 13 and 49 of age die before, in or shortly after childbirth.

EQUITY

Socioeconomic inequities in coverage



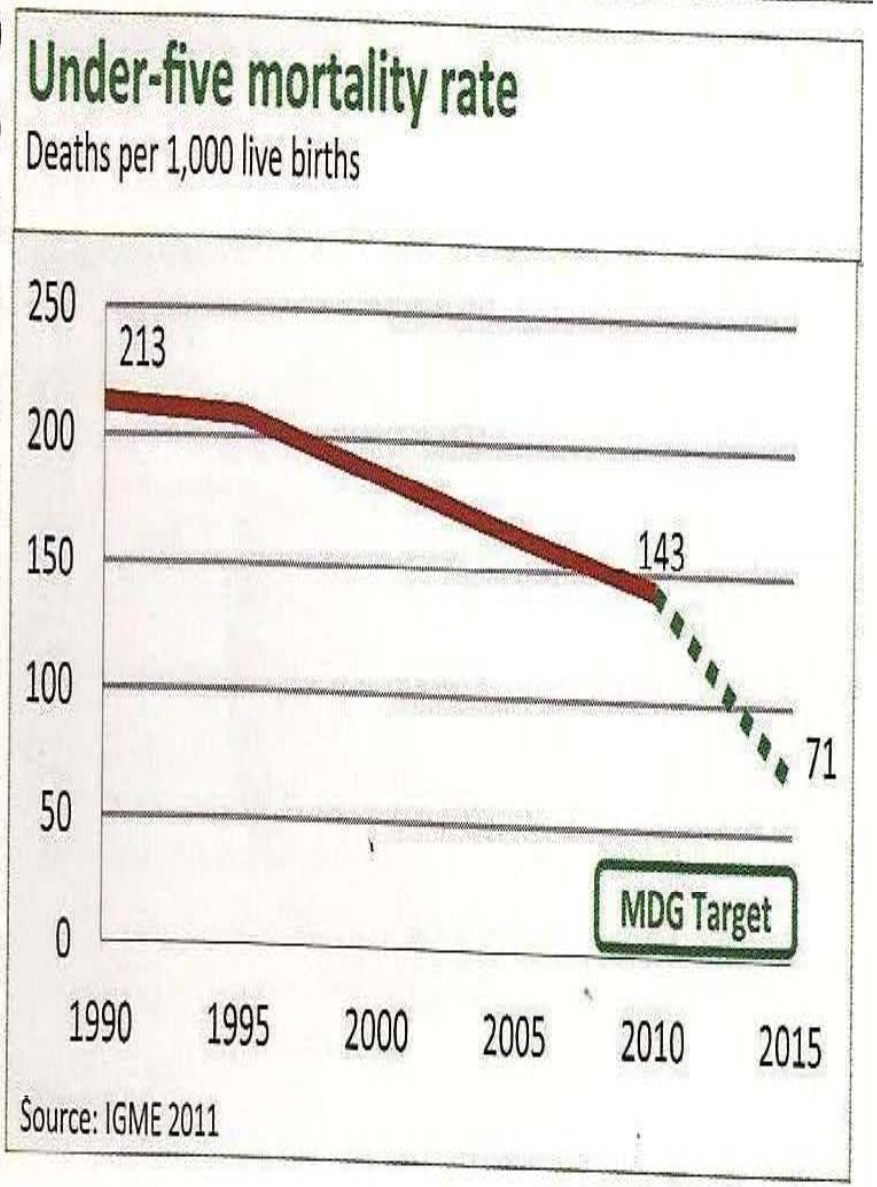
Coverage levels are shown for the poorest 20% (red circles) and the richest 20% (orange circles). The longer the line between the two groups, the greater the inequality. These estimates may differ from other charts due to differences in data sources.

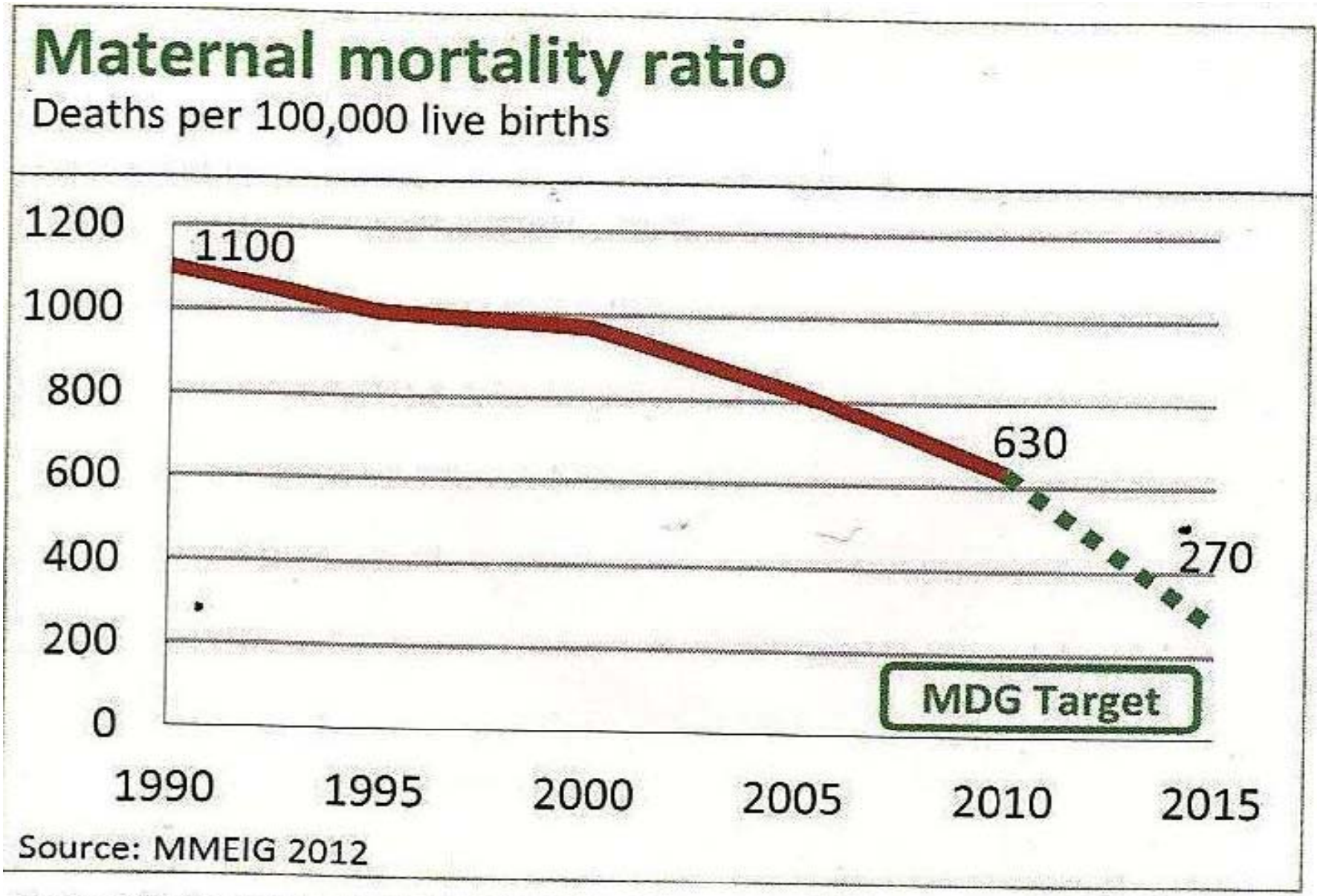
Maternal Health: Indicators & Statistics

- Maternal mortality ratio†, 2005-2009*, reported 550
- Maternal mortality ratio†, 2008, adjusted **840**
- Maternal mortality ratio†, 2008, Lifetime risk of maternal death: 1 in: **23** Life expectancy: females as a % of males, 2009
- 102 Contraceptive prevalence (%), 2005-2009*
- 15 Antenatal care coverage (%), At least once, 2005-2009*
- 58 Antenatal care coverage (%), At least four times, 2005-2009*
- 45 Delivery care coverage (%), Skilled attendant at birth, 2005-2009*
- 39 Delivery care coverage (%), Institutional delivery, 2005-2009*

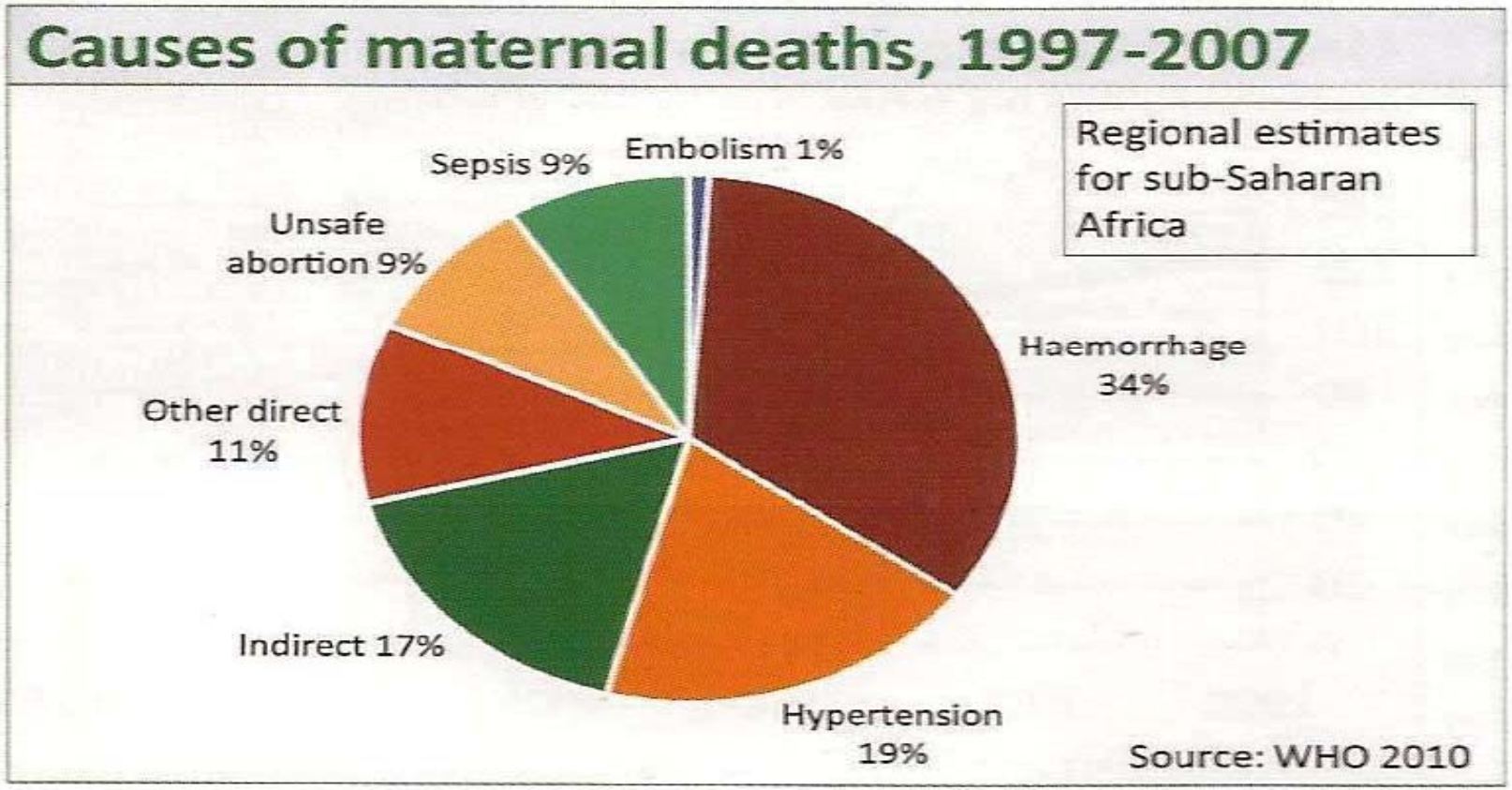
Source: UNICEF

Total population (000)	158,423	(2010)
Total under-five population (000)	26,569	(2010)
Births (000)	6,332	(2010)
Birth registration (%)	30	(2008)
Total under-five deaths (000)	861	(2010)
Neonatal deaths: % of all under-5 deaths	29	(2010)
Neonatal mortality rate (per 1000 live births)	40	(2010)
Infant mortality rate (per 1000 live births)	88	(2010)
Stillbirth rate (per 1000 total births)	42	(2009)
Total maternal deaths	40,000	(2010)
Lifetime risk of maternal death (1 in N)	29	(2010)
Total fertility rate (per woman)	5.5	(2010)
Adolescent birth rate (per 1000 women)	123	(2006)





Note: MDG target calculated by Countdown to 2015



The five major causes of maternal deaths are:

- Obstetric hemorrhage
- Hypertensive Diseases in Pregnancy
- Sepsis including obstructed labour
- Unsafe abortion
- Anemia

MATERNAL HEALTH –OBSTETRIC CHALLENGES

- Maternal health may be used as a measure of national development. The demographics of maternal mortality show a preponderance for the developing countries of the world like India and Nigeria.
- The seriousness of the situation is demonstrated by the commitment globally to ameliorate the condition.
- The safe motherhood initiative was the harbinger of future conferences such as “Women deliver”, 2010 in Washington DC, USA, and Global Maternal Health, 2010, in India. All these were geared towards markedly improving maternal health in resource poor regions.

CAUSES OF HIGH MATERNAL MORTALITY RATE IN NIGERIA

- MEDICAL FACTORS
- SOCIO-ECONOMIC FACTORS
- POLITICAL AND FISCAL COMMITMENT

MEDICAL FACTORS

Pregnancy related conditions

- Obstetric haemorrhage
- Obstructed labour
- Pregnancy Induced Hypertension
- Unsafe abortion
- Sepsis
- Anaemia

Institutions and facilities:

As a matter of policy, Primary Health Care (PHC) is the fulcrum of Nigeria's health care delivery. However universal coverage and functionality is yet to be achieved.

Quality of Staff:

The frequent industrial actions among all cadre of staff in the primary health centres nationally needs to be addressed.

Quality of staff should be availed of the opportunity of continuous medical education.

Non-Accessibility to safe Motherhood Services.

It is estimated that less than half of Nigerian pregnant women attend ante-natal clinics: the progress of the pregnancy is not monitored and serious problems are not detected early or prevented, eg anaemia. A PHC centre should be less than five kilometres from every home. Cost of accessing the facilities and all season transportation are also factors.

SOCIO-ECONOMIC FACTORS

Poverty- is a major contributory factor to High Maternal Mortality Rate in the country. Moe than three-quarters of Nigerians libve on an earning below 150 Naira a day. This is a disease in itself. The first Millennium development Goal (MDG 1) is 'Eradication of extreme poverty'

Water – less than 50% of Nigerians have potable water. It has been estimated that more than 25% of illnesses of women and children can be prevented just by hand washing with soap and by providing clean water for drinking and regular bathing in any community.

Electricity- Its absence affects health care delivery services and efficient storage of vaccines.

Communications and Information- Telecommunications has remarkably improved, however access roads are still very suboptimal.

POLITICAL WILL AND FISCAL COMMITMENT

There has been a marked reduction in maternal mortality rates, in countries that have instituted free maternal and child health services, such as Egypt and Ghana. Perhaps this can be achieved through the national Health Insurance scheme.

Z

NON OBSTETRIC HEALTH CHALLENGES

CANCERS

BREAST

It is known that prolonged breast feeding reduces the risk of breast cancer.

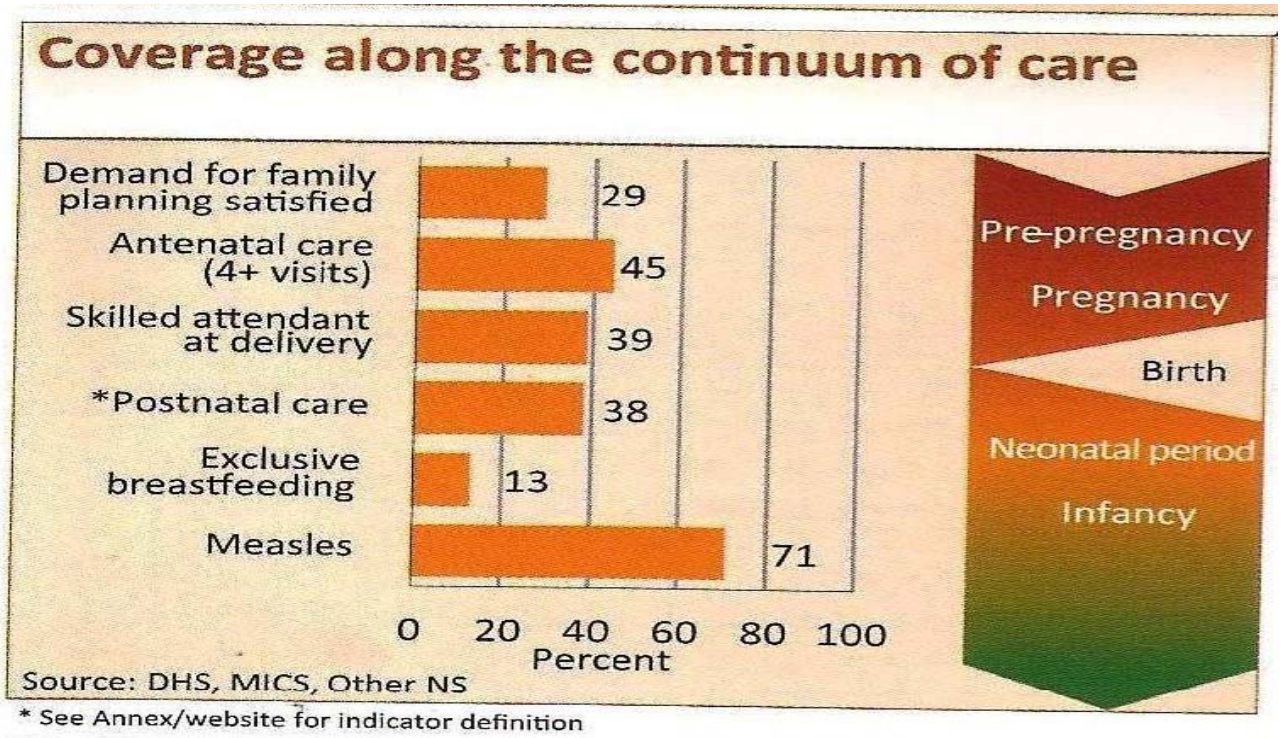
CERVIX

SKIN

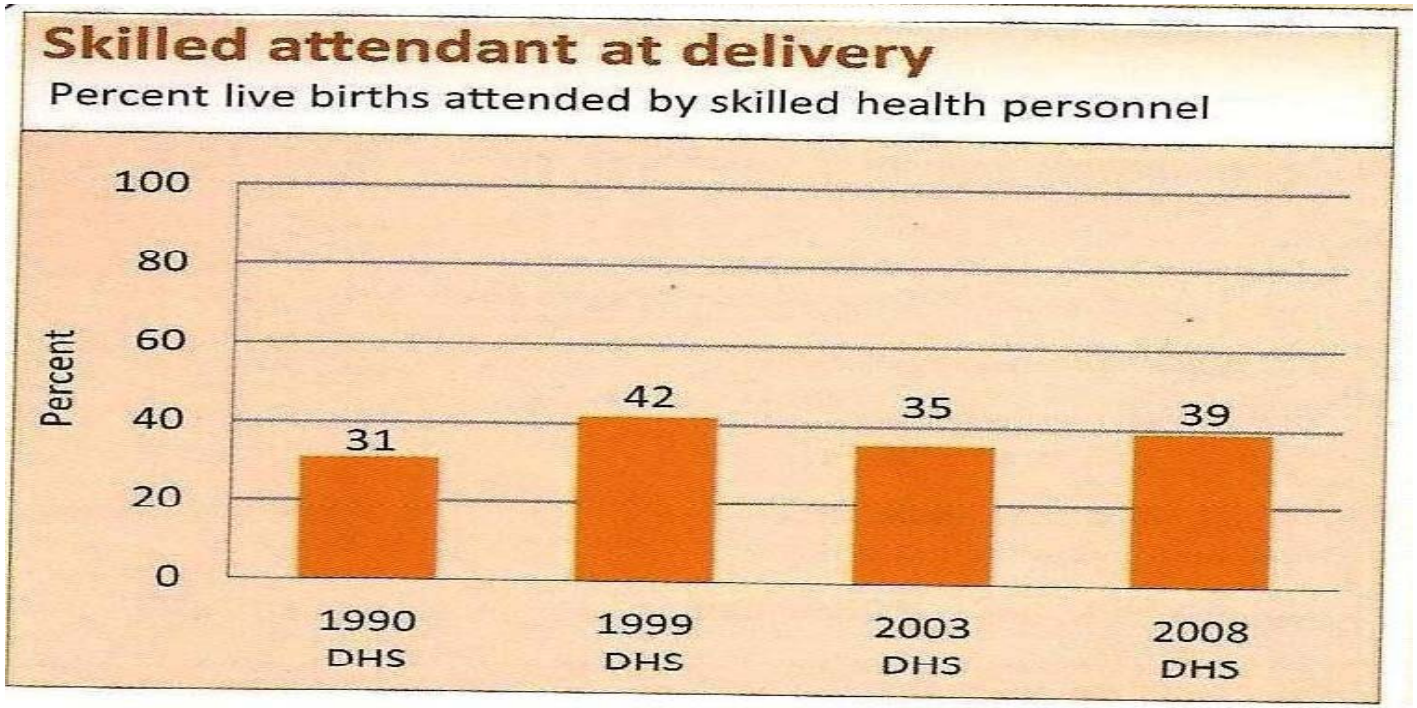
DOMESTIC VIOLENCE AND ASSAULT

MENTAL HEALTH

OBESITY

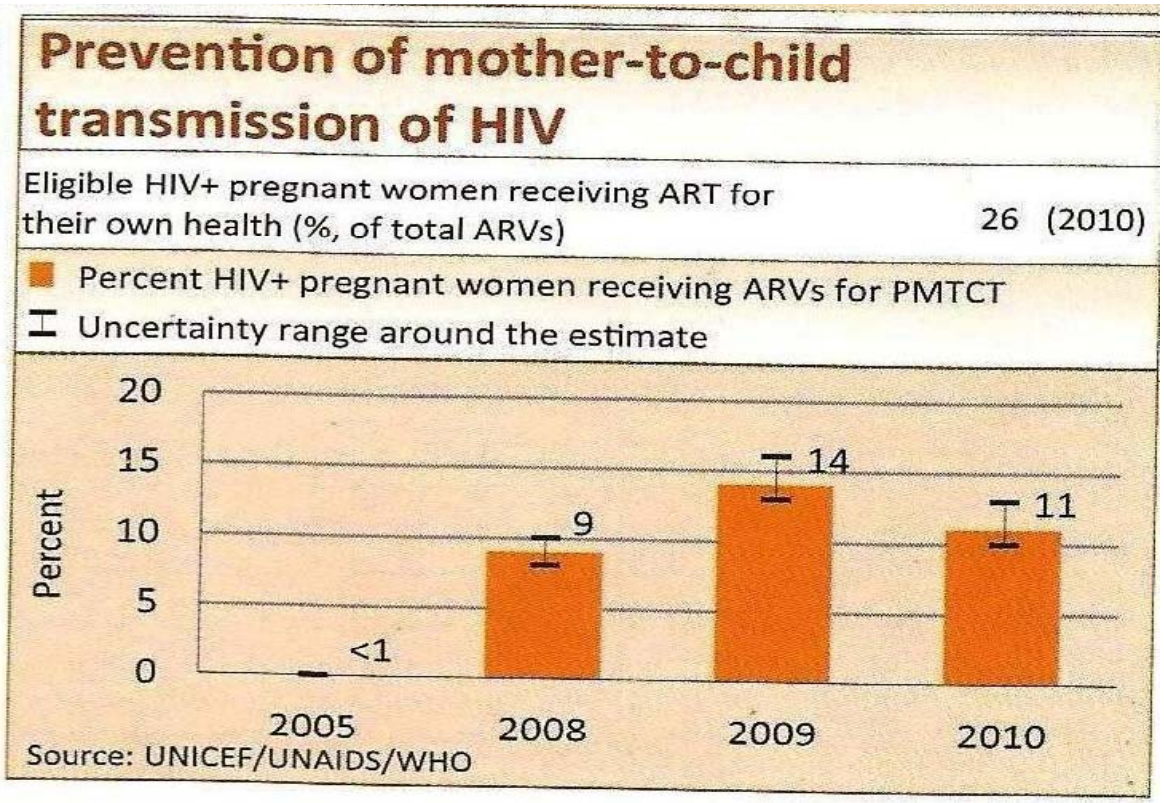


* See Annex/website for indicator definition


Skilled attendant at delivery
Percent live births attended by skilled health personnel
Percent
100
80
60
40
20
0
31
42
35
39
1990 DHS
1999 DHS
2003 DHS
2008 DHS

Prevention of mother-to-child transmission of HIV

Eligible HIV+ pregnant women receiving ART for their own health (%, of total ARVs) 26 (2010)



Source: UNICEF/UNAIDS/WHO

HEALTH CARE OF ELDERLY WOMEN

The population of people in Nigeria above 65 by years is 3.1% and predominantly women.

- Many of these women suffer from neglect and deprivation of basic amenities including food, especially when theirchildren have left home.
- There is no national policy for the health care and elderly in Nigeria Very few (any0 has shown any doctors have shown interest in Geriatrics- specialty for the care of the elderly.
- Some of the elderly women in Nigeria are pensioners who do not receive their payments regularly and have died in penury.
- The major healh problems of the elderly in Nigerian women are:
- Osteoarthritis
- Hypertension and Cardiovascular problems
- Diabetes type 2
- Malnutrition
- Loss of vision due to cataract and glaucoma
- Gynaeclogical/Urological disorders such as utero-vaginal prolapse and urinary incontinence
- Additionally, there are seious challenges in mental heath in these4 elderly women, including Dementi, Depression,Alzheimer disease.

WHAT IS THE WAY FORWARD IN MATERNAL HEALTH IN NIGERIA?

- EDUCATION OF THE GIRL CHILD
- IMPROVEMENT OF EXISTING FACILITIES AND WIDER COVERAGE, INCLUDING EXISTING PRIMARY HEALTH CARE CENTRES, SECONDARY AND TERTIARY INSTITUTIONS
- SOCIO CULTURAL: BY INVOLVING TRADITIONAL AND RELIGIOUS ORGANS
- POLICY : THE NATIONAL MIDWIFERY SCHEME IS A POSITIVE STEP IN THE RIGHT DIRECTION. THE"VERTICAL PROGRAMMES ON MATERNAL AND CHILD HEALTH SHOULD WHERE POSSIBLE BE INTEGRATED INTO EXISTING HEALTH SYSTEMS.
- FISCAL MEASURES: THE HEALTH CARE GIVEN TO PREGNANT WOMEN AND CHILDREN BELOW 5 YEARS OF AGE SHOUL BE MADE TOTALLY FREE.
- TRAINING AND RESEARCH SHOULD BE ENCOURAGED FOR HEATH CARE PROVIDERS
- Infrastructural upgrade

- SPECIFIC ACTIONS NEED TO BE UNDERTAKEN TO AMELIORATE THE ABYSSMALLY HIGH MATERNAL MORTALITY RATE IN THE COUNTRY.
- MEASURES TO ENSURE THAT EVERY WOMAN IN LABOUR BENEFITS FROM SKILLED BIRTH ATTENDANCE
- THEST INCLUDE PROVISION OF FACILITIES FOR EMERGENCY OBSTETRIC CARE.
- WIDER COVERAGE OF FAMILY PLANNING SERVICES.
- MORE PERVASIVE BLOOD TRANSFUSION SERVICES

CONCLUSION

Women constitute the ‘SALT OF THE EARTH’. When they are given the enabling environment, assured of quality health care and sound education to develop innate potentials, their contributions to National Development can be overwhelming.