MATERNAL HEALTH AND DEVELOPMENT: NIGERIA CONTEXT

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Abstract

This is an opinion paper which documents the main factors that contribute to maternal health, such as Hemorrhage, obstructed labour, ectopic pregnancies, anaemia etc. The paper also identifies strategies for addressing these problems like improving the provision of and avail to quality maternal and neo natal health care including family planning services, strengthening referral systems among others and makes recommendation for advancing millennium development goals (MDGs) among which was education of women to improve their economic and health status.

[Introduction

Women of reproductive age as well as children are the most vulnerable members of the community. These groups are part of the elements of Nigeria population, hence the need to pay urgent attention to their need to enable them realize their full potentials. Ensuring that women have access to good information as well as access to health services that will ensure safe pregnancy and childbirth is the beginning of maternal health improvement. Women issues emanate from problems associated with their reproductive roles such as poverty, low literacy, harmful and traditional practices, inaccessibility to resources and others. These issues put women's economic empowerment, their health and that of their children at great risk. Usually, for these classes of women, child birth which is universally celebrated as joyful event by other women is now termed as suffering and tragedy that may end in death.

Studies have shown that for every minute in the world, a women die as a result of complications from pregnancy and childbirth (MNPI, 1999). Nigeria has a population of 152.6 million people (2009 World Population Data). Of this population women of childbearing age constitute about 31 million |(NDHS, 2005). This means that the country loses 145 women of child bearing age everyday. Sadly, this makes the country the second largest contributor to maternal mortality rate (MMR) in the world. Out of a global 529,000 maternal death from pregnancy related complications, Nigeria contributes 52,900 annually. This shows that a women's chance of dying from pregnancy and child birth in Nigeria is 1 in 13 and as against 1 in 5,100 in UK and 1 in 7,700 in Canada (SM fact sheet T|). In developing countries including Nigeria, more than 50 million women suffer from life long injuries that seriously restrict, their quality of life. In Nigeria, there is regional variation in Maternal Mortality rate. This is between 165-1600 per 100,000 live births with the North having a far higher maternal mortality what compared with the South |(Isiugo-Abanche 1995, WHO 2004). About 99% of maternal and under-five child's deaths in sub-

Saharan African including Nigeria occur among low and middle age groups. Although many of these deaths are preventable but the poor coverage and quality of health care services in Nigeria continue to threaten the existence of women and children thereby decreasing the chances for the country to achieve health related Millennium development goals as stipulated. For instance, since the 1940's, maternal and child deaths have become increasingly rare in developed countries as against what is obtainable in developing countries where there is persistent high level of maternal mortality as a result of pervasive obstruction of women's rights to earn resources which render them poor and powerless. The implication is that the suffering often goes beyond the purely physical and affects women's ability to undertake the social and economic responsibilities as well as to share in development of their families, communities and societies.

Poor maternal and infant health invariably affects everyone. Women are the mainstays of the families; they are the key educators of children, health care providers, caregivers of young and old alike, among other functions. A society deprived of women's contribution will experience social and economic decline, its culture impoverished and its potentials for development severely limited. The paper documents the main factors that contributed to maternal health neglect identifies strategies and makes recommendations for advancing Millennium development goals (MDGs).

Medical Causes of Maternal Mortality

A maternal death is defined as the death of women while pregnant or within 42 days following child birth. While maternal mortality refers to those deaths which are caused by complications due to pregnancy or childbirth.

Some of the direct medical causes of maternal mortality include:

- Hemorrhage or bleeding - 23%
- Infection - 17%
- Unsafe abortion - 11%
- Hypertensive disorders - 11%
- Obstructed labour - 11%
- Toxaemia/eclampsia - 11%
- Narrow pelvis - 11%
- Others - 11%

(Okonofua, 2009).

Other causes include ectopic pregnancies, embolism and anesthesia related risks. Conditions such as anaemia, diabetes, malaria, sexually transmitted infections (STIS), and others can also increase a women's risk for complications during pregnancy and childbirth, and thus, are indirect causes of maternal mortality and morbidity.

In terms of pregnancy related problems, available literature shows that one of the leading causes of maternal mortality is inaccessibility of health care

facilities by pregnant women. Inaccessibility is caused by inadequate facilities (distance, fund) as well as poor health seeking behavior of potential users. Other leading factors are unsafe abortion driven by unwanted pregnancies mainly among adolescent (61%-75% of cases) and among married women as well.

An estimated 610,000 women undergo clandestine abortion annually in Nigeria. (MNPI, 1999).

- The FMOH (1991) estimated that 20,000 Nigerian women die from abortion complications each year.
- Abortion complication also predispose women to infertility and ectopic pregnancy (FMOH, 1991).

Maternal deaths from high risk pregnancy, unsafe abortion or delivery complications contribute significantly to the very high maternal mortality rate from different parts of the country. Last, but not the least is pernicious poverty which amplifies every other risk factor for maternal mortality and morbidity.

Some investigations (Aisha Ishmail, Ageni and Nasir, 2002) associated the high maternal problems in Nigeria with economic gender inequality and unequal sexual power relations, hence, the International Policy Enormity for Gender Equality (IPEGE) (2008:5) observed that Nigeria's health development indicators are among the worst in the world. It also reported that presently, an estimated 37,000 deaths occur annually in Nigeria. The report also attributed women's health problem to harmful cultural and traditional practices prevalence in nearly all parts of Nigeria. The harmful traditional practices according to (UNICEF, 1998) include female genital cutting, early forced marriage, teenage pregnancy among others.

Other factors contributing to maternal health:

- Poor knowledge of risks and danger signs in pregnancy and child birth.
- Socio-cultural practices.
- Delay in seeking, accessing and receiving care or treatment of complications of pregnancy
- Poor attitudes towards health care use.
- Attitude towards pregnancy, child birth and anti-natal care
- Inaccessibility, cost and lack of time
- Perceived quality of care
- Perceived social support by husband and significant others.
- Lack of antennal care
- Low proportion of women attended to by skilled birth attendants.
- Harmful traditional practices
- Low status of women.

Efforts Made by the Governments

Nigeria's National Health policy, launched in 1989 and revised in 1996, one year before WSC, has a goal of attaining a level of health that will enable all Nigerian to achieve socially and economically productive lives" with a "National Health System that is based on primary Health Care (PHC)". By 1990 only 17 percent of the population had access to modern health facilities; thus, a revitalized PHC system under the National Health Policy was expected to correct the unsatisfactory coverage level. Considering the position women occupy in society reproductive and productive activities, the declaration of the MDGs initiatives are justified to address the different health needs of women and to enable them contribute effectively to National Development. Nigeria is one of the UN member states that demonstrated commitments to the health need for all especially women. For instance, it initiated the National Health Policy in 2002 with a focus to achieve a "level of health that will enable all to achieve socio-economic and political productive lives" (FMOH, 1998).

Similarly, in 2002 also, the Federal Government took initiative to adopt reproductive health policy with the following targets:

(1) to reduce maternal morbidity and mortality due to pregnancy and child birth by 5%
(2) to reduce pre-natal and neo-natal morbidity and mortality by 30%
(3) to reduce unwanted pregnancies by 50%
(4) to reduce incidence of HIV infection and STDs
(5) to limit all gender based violence and other harmful practices to the health of women in Nigeria
(6) to reduce gender inbalance in availability of reproductions health services etc.

Strategies

Since most maternal deaths occur during delivery and during postpartum period, emergency obstetric care, skilled birth attendants, postpartum care and transportation to medical facilities if complications arise are all necessary components of strategies to reduce maternal mortality. These services are often particularly limited in rural areas, hence the need that special steps be taken to increase the availability of services in those area.

Efforts to reduce maternal mortality and morbidity must also address societal and cultural factors that impact women's health and their access to services. Women's low status in society, lack of access to and control over resources, limited educational opportunities, poor nutrition, and lack of decision-making power contribute significantly to adverse pregnancy outcomes. Laws and policies, such as those that require a woman to first obtain permission from her husband or parents before embarking on any issue concerning their health may also discourage women and girls from seeking needed health care services-particularly if they are of a sensitive nature, such as family planning, abortion

services, or treatment of STIs. Traditional practices that affect maternal health outcomes include early marriage and female genital cutting. Many women in sub-Saharan Africa marry before the age of 20. Pregnancies in adolescent girls, whose bodies are still growing and developing, put both the mothers and their babies at risk for negative health consequences.

Female genital cutting, also known as female circumcision or genital mutilation is a practice that involves removing all or part of the external genitalia and/or stitching and narrowing the vaginal opening (which is called inlibulation). The practice is common in some parts of Africa and the Middle East. Social, cultural, religious, and personal reasons support the persistence of this practice. Some of these reasons include maintaining tradition and custom, promoting hygiene or aesthetics, upholding family honor, controlling women's sexuality and emotions, and protecting women's virginity until marriage. Many women and girls who undergo female genital cutting, particularly those who undergo type III cutting or inlibulation, experience health problems including hemorrhage, pain, infection, paineal tears, and trauma during childbirth. They often also experiences psychological and sexual problems. The consequences of maternal mortality and morbidity are felt not only by women but also by their families and communities. Children who lose their mothers are at an increased risk for death or other problems such as malnutrition. Loss of women during their most productive years also means a loss of resources for the entire society.

Ensuring safe motherhood requires recognizing and supporting the rights of women and girls to lead healthy lives in which they have control over the resources and decisions that impact their health and safety. It requires raising awareness of complications associated with pregnancy and childbirth, providing access to high quality services (antennal, delivery, postpartum, family planning etc|) and eliminating harmful practices.

Unless African countries and their development partners reposition and prioritize population and reproductive health issues, in terms of resources allocation and ensuring access to services as well as information to all, most of the national goals and millennium development will not be achieved. The following strategies are identified as possible ways of achieving these goals:

- improving the position of and access to quality maternal and neonatal health care including family planning services.
- providing skilled attendants at all level of maternal care.

In the review, factors contributing to maternal health were examined. This helped to unravel specific internal and external barriers that impact on women's health. External barriers were categorized into three by Leslie and Gupta (1989):

(1) system factors: such as lack of supplies, access and availability
(2) women's characteristics: such as Age, Parity, Education, Income etc
(3) geographical factor: such as distance, urban/rural and household environment.

Internal barrier: providers attitude, knowledge of risks and danger signs, attitude towards pregnancy and antenatal care etc. In this review, Leslie and Gupta (1989), affirmed negative association between extremes of maternal age and parity with women's use of care. They also confirmed patterns of health care seeking behavior during pregnancy, child birth and reasons for health care choices.

From the foregoing, it showed that many factors impact on maternal health that result to persistent increase in morbidity and mortality. For the most part, these factors are conditions that are imposed on women, which are outside their ability to control. Fortunately, these factors can be controlled to improve the health of women. Good governance, proper orientation of the communities and adequate information on risk factors and danger signs, during pregnancy will increase threat perception and therefore promote action. The review identified the main causes of maternal mortality to range from hemorrhage to anaemia. The paper which noted that less than 20% of facilities deliver Emergency Obstetric Care (EOC) services, and that 36% of deliveries are attended to by skilled personnel. About 60% of pregnant women have antenatal care, while just 40% take one dose of tetanus toxoid. These are sharp indicators for poor maternal health.

Concern about maternal health has been a global issue especially now that the 5th Millennium Development Goals call for 75% reduction of maternal mortality ratio. The indicators for improving maternal health in the MDGs are the reduction of maternal mortality ratio and also to be reduced.. One of the indicators of good governance is how well a country takes care of its most vulnerable citizen (women and children). The death of a women and/or unborn and new born child is always a disaster, unnecessary and wasteful events which could have been prevented. It is clear that any country that is serious about meeting the reduction of maternal death cannot afford to ignore the health of mothers, new born and under 5 children.

There can be no doubt that maternal and child morbidity contribute significantly to the low life expectancy. The disease conditions that lead to maternal mortality in Nigeria are the same as in most parts of the developing world. However, it is the adverse socio-economic and cultural circumstances under which these diseases occur that increase the risks of these deaths in Nigeria.

Conclusion and Recommendation

This paper identifies lesson learned from developed countries in relation to maternal and child health. Other lessons learned include development of women sensitive and central delivery centres, and prompt referral linkages with community support network. The country needs active political will and

determination to implement these. The findings have important implication to women's health.

The paper recommends education of women to improve their economic and health status. The paper still recommends access to skilled attendants at all levels of health care delivery. It also stresses the need for Integrated Management of Pregnancy and Child birth (IMPAC), to help shape technical support to countries. This could be done in strategic and systematic ways so as to improve maternal and prenatal health.

Nigeria vision for democratic governance must involve equal gender participation and representation of men and women in health planning and decision-making. Challenges to implementation of gender equality policy, they include: poor health indicators (infant and child mortality); regional and income in equalities in health outcome and health care utilization; in effective Primary Health Care System; access barriers (financial, physical and cultural); etc. National health policy and National gender policy must be addressed. Con-sorted effort must be made to fund health related programmes and policies in he country. Above all, current gender gap in different development sector especially poverty gap between the rich and poor, men and women must be closed through provision of education and information on health and related issues to all Nigerians irrespective of the gender.

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