

MATERNAL AND CHILD NUTRITION: A KEY FOR UNLOCKING THE SCOURGE OF HIGH MORTALITY RATE IN NIGERIA

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Abstract

Maternal and child mortality rate in developing world is high. These deaths occur because of sub-standard care giving during pregnancy, delivery and after delivery. Reducing maternal and children deaths and injuries are therefore not a matter of possibilities but of priorities to promote a healthy and wealthy society. Ninety percent of maternal and child deaths are preventable. This paper discusses the causes and consequences of child maternal mortality in Nigeria, current state of mortality. Nutrition Education and appropriate policies for the National Food and nutritional policies and some other recommendations were made.

Maternal mortality can be defined as the death of a woman during pregnancy, delivery or within forty-two days of terminating the pregnancy irrespective of the site and duration of the pregnancy, from any cause related to or aggravated by the pregnancy itself or its management (Agah, 2007). These deaths occur because of sub-standard care giving during pregnancy, delivery and after delivery. Etifit (2007) noted that reducing maternal deaths and injuries is therefore not a matter of possibilities but of priorities to promote healthy and wealthy society. It has been shown that over 90% of maternal deaths are preventable by simple proplatic measures such as antenatal care.

Afolabi, Ayenigbo, Onabanyo, Sanni and Aliyo (2014) affirmed that in Nigeria childhood malnutrition is high with stunting prevalence of 42% and wasting 11%. The multiple indication chosen survey conducted in 2011 also indicated a high prevalence of malnutrition among children in rural areas of Nigeria compared to the urban areas. Nutrition is recognized as both a direct outcome of and an influence on national development. Malnutrition prevalence tends to increase among Nigeria children with age up to 24 months, at this age most children are stopped from breastfeeding and exposed to family food, water and environmental contamination.

Ogumba and Akinyele (2015) affirmed that the feeding practices and access to appropriate quality and quantity of food, essentially all essential components of maternal and child nutrition is an optimal nutrition strategy. The children are the future and posterity of the country. The mother and children's nutrition and health issues must be attended to for the country's future to be assured. The future is in their well being Olanrele (2014), Childhood is a stage of life when all the body tissues and cells are growing rapidly and organs are developed for specific function. Hence good nutrition is important during this stage of life.

Causes of Child and Maternal Mortality in Nigeria

Socio-economic issues

Agah (2007) noted that socio economic issues of maternal deaths result from a series of multiple, deprivation of the woman. The woman has birth, social, political, economic, nutritional and financial deprivation.

Abubakar (2016) affirmed that maternal deaths account for 32% of all deaths among women age 15-49 years. In Nigeria there are 576 maternal deaths per 100,000 live births for the seven years period preceding the survey. The lifetime risk of maternal death indicates that 1 in 30 women in Nigeria will have a death related to pregnancy or childbearing (NDHS) 2013 Abubakar (2016).

Under nutrition has been shown to be an important underlying cause of child deaths from infectious diseases such as diarrhea, Pneumonia, Malaria and measles in childhood.

Cultural practices

Etifit (2007) enumerated some causes of maternal death and its cultural practices. Some cultural practices like Female circumcision, child marriage, nutritional taboos, male child preference, belief system and culture of silence as regards to sexuality and sexual practices.

The pregnant mothers are bound to suffer from malnutrition leading to anemia. A well nourished pregnant woman is more likely to tolerate blood loss that would be fatal for anemic, disadvantaged, malnourished women.

Medical Causes

Medical causes according to Agah (2007) are of direct or indirect causes which are haemoglobin count, antepartum and postpartum, sepsis, pre-eclampsia/eclampsia, obstructed labour, ruptured uterus, complication of induced abortion. Indirect causes are malaria, anaemia, Hiv/Aids, Tuberculosis.

Nutritional taboos: In some communities in Nigeria, pregnant women are forbidden from essential proteinous foods like Snail, eggs, meat, fish etc Etifit, (2007). The pregnant mother is bound to suffer from mal-nutrition leading to anaemia. Abubakar (2016). National Nutrition and Health Survey (NNHS 2015) noted that maternal deaths account for 80% of all deaths among women 17-18 years.

Rural and urban settlements

Inadequate diets, harmful life styles and overcrowded and unsanitary living conditions leave them prone to infection and all forms of malnutrition are major perils. Periodic starvation is common in the lean period before harvesting or when food is in short supply and prices rise (NNHS, 2015). The cultural practices to health may be positive/negative. Most of the cultural practices are harmful to health and mostly affect women and children.

Male child preferences

This affects food distribution at the expense of girl child. Etifit (2007) agreed that educating exposure and enhancement to promote gender inequality, limiting women's choices and access to health care services. They are pregnant, poor and powerless.

Protein Energy Malnutrition (PEM)

All too often people lack both protein and carbohydrates. The result is PEM, which has its greatest impact on the young and if the mother is malnourished, on the developing foetus. PEM is characterized by low birth weight. (Less than 2.5kg), poor growth (too short, too thin) and high levels of mortality in young children, especially between 12 and 14 months. (ICN, 1992)

Gender parity

Women typically have a local status and high burden, working long hours for little or no reward. Girls may be under privileged from birth with poor diets and fewer opportunities than boys. Early marriage and closely spaced pregnancies further undermine their health. Malnourished women give birth to underweight infants, many of whom die. Those children who do survive remain at risk as a result of poor care from debilitated mother and a lack of access to food in the home and access to medical help (ICN, 1992).

Internally displaced people:- The insurgency in the North East of Nigeria is a serious threat to the hunger, malnutrition, mothers' and child's health. This situation had increased the incidence of many diseases and subsequent death of children. Women and children live under a continuous threat of hunger and malnutrition.

Poverty level

Poverty is both a cause and an effect. The poorer people become, the more likely it is that they will become involved in the exploration of such fragile resources. The mother's purchasing power has a lot to play in the access to food, hospital, education and amenities. This affects the rate of compliance to health services.

Consequences

Olukemi (2015) affirmed that some of the consequences of malnutrition in late childhood and adolescence are manifested on behavioral differences in early childhood including apathy, reduced activity, play and exploration. Olanrele (2014) noted also that malnutrition at this stage can have serious negative effects on the health, intellectual development and academic performance of a child. The rate of mother ailments and deprivations often distort pregnancy delivery, child care and maintenance, a thing of joy and fulfillment can be turned into a burden. Many women in our environment fulfill this role in sorrows and pains. Agan (2007) observed that a good number die, others survive, and more survive with disabilities which may be life-long. The causes of these deaths and disabilities are often preventable with available resources. Many women are malnourished, improvised even before pregnancy their access to nutrition are very low. This contributes to the causes of maternal health. She is not economically buoyant to go to hospital, some resort to local, traditional birth attendants.

Table 1: The Maternal Mortality Rates (MMR) for the Six (6) Geographical Zones in Nigeria

Location	Rate
South west	165
South South	1,200
South East	286
North East	1,549
North West	1,025
North Central	Not available
Rural	829
Urban	351
National	704

MMR / 100,000 Live Births

Source: WHO, 2008, National Demographic and Health Survey (2008)

The rate of death per 100,000 MMR, the table above showed that the rate of maternal nutrition is high as compared with literature

Agan (2007) confirmed that:

- ✓ Globally, about 585, 000 women die each year from complications of pregnancy and childbirth.
- ✓ About 99% of these deaths occur in developing countries and 90% of these in sub-Saharan Africa
- ✓ Estimates show that there is one maternal death every minute in developing countries
- ✓ These deaths occur because of sub-stand care given during pregnancy, delivery and after delivery.
- ✓ Nigeria has one of the highest maternal mortality in the world (100%)
- ✓ Sixty one percent of material deaths in the world occur in 10 countries. They include India, Ethiopia, Nigeria, Indonesia, Bangladesh, DR Congo, China, Kenya, Sudan and Tanzania.

Nutrition Education

It is clear that Nutrition Education is essential for a successful supplementation programme as a means of improving the health and nutrition of the mother and child.

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Antenatal clinic is currently an underutilized platform for distributing iron and folic acid tablet (IFA) in Nigeria (Abubakar 2016).

World Health Organization (2014) has the global nutrition target on maternal and child nutrition by the year 2015 as enumerated below.

- ✓ 40% reduction in the number of children under 5, who are stunted.
- ✓ 50% reduction of anemia in woman of reproductive age.
- ✓ 30% reduction in low birth weight,
- ✓ Ensure that there is no increase in childhood overweight
- ✓ Increase the rate of exclusive breastfeeding in the first six months up to at least 50% reduce and maintain childhood wasting to less than 50%.

National Demographic and Health Survey (2013) and Abubakar (2016)

- ✓ 37% of children under 5 are stunted
- 18% wasted and 29% are under weight. 98% of children are reported to have been breastfed at some point but only 17% of children under 6 months are exclusively breastfeed.

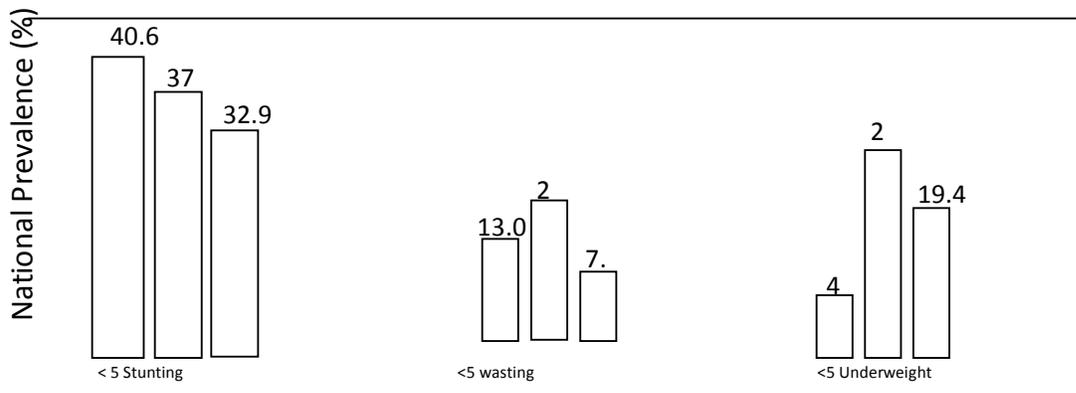
Table 2: Nigeria Profile in Global Nutiriton Report (GNR), 2016

	Prevalence	Position Globally	World Health Assembly 2015 Large status
Stunning	32.9	98/132	Off course with some progress
Wasting	7.9	93/130	Off course
Overweight	1.8	9/126	On course with Good progress
Anameia	48.5	172/185	Off course
EBF	17.4	117/141	Off course with some progress

Key EBF – Exclusive Breast feeding
Source from promise to impact, ending malnutriton by 2030.

Table 2: shows that the rate of stunning, anemia and exclusive breast feeding are low, not much people had assimilated the benefits of EBF and Nigeria ranked 117 position out of 141 country used in the work

Table 3: Nigeria Nutriton and Situation



Source National Nutrition and Health Survey (NNHS, 2015)

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The above data suggest that the need for concerted effort by all stake holders to properly address maternal and child nutrition through Nutritional Education in addition to other measures.

Appropriate Policies

Appropriate Policies by the health sector component of National food and nutrition policies priority areas identified as key to improving nutritional status in Nigeria are:-

- ✓ Maternal nutrition
- ✓ Infant and young child feeding
- ✓ Management of severe acute mal-nutrition in children under five
- ✓ Micro-nutrient deficiency control
- ✓ Diet related non communicable disease
- ✓ Nutrition information systems (Abubakar 2016, UNICEF)

Conclusion

It is an uphill task but a step today can help to save women and their children's life. A lot of compromise had been existing. This paper tries to throw more light on this issue, something must be done to reduce or eradicate the menace of maternal and children's deaths. Nutrition education will broaden public awareness about the relationship between nutrition and health. Nutrition literacy will help to make citizens responsible consumers (Ugwu 2009).

Recommendations

It is pertinent to note that the rate of mother child mortality is high some preventive measures can aid in eradicating this menace. Some recommendations made are as follows:

1. Nutrition education should be made as part of antenatal care (ANC) in our hospitals and clinics. Mothers should be informed.
2. The iron-folic acid (IFA) tablets should be distributed both in rural and urban health centres across the country. Many women are yet to even know about IFA tablets. More comprehensive distribution should be done by medical health officers, nutritionist and dietitians
3. More schools, if all not early childhood school, primary schools in the country should be included in the on-going school food programme. Every Nigeria child deserves the best.

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