

## HOW SOCIAL VALUES AFFECT CHILD AND MATERNAL MORTALITY IN NIGERIA: A CRITICAL DISCOURSE

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### Abstract

*Social values are ideas, beliefs or feelings shared by members of a society about what is good, right and desirable in their society. Derived from tradition, experience, and religion, they regulate standards of conducts, inform the morality of the society and drive the design of social institutions. This review paper examines the link between social values and the problem of child and maternal mortality (CMM) in Nigeria. The paper argues that high level of child and maternal mortality in Nigeria could be related to pro-natal nature of some value systems which encourage births in total disregard of whether or not the woman is physically and emotionally stable to cope with such births or whether the child will survive thereafter. It was pointed out that in parts of the country; there are positive social definitions, value dispositions and responses to large family size, teenage pregnancy, male child preference, female genital mutilation and low girl child education all of which threaten the health of mother and her expected or newborn child. Furthermore, use of contraceptives is yet to attract large followership as the value system defined children as gifts from God that man has no justification to regulate its processes. To reduce child and maternal mortality related to social values in Nigeria, this paper canvassed support for intensive public enlightenment and girl child education. Advocacy against cultural systems that endanger health of mothers and their new born should also be vigorously pursued.*

**Keywords:** *social values, child mortality, maternal mortality, mother craft, health*

### Introduction

Nigeria, Africa's most populous country with about 160 million people and fifty-three years of statehood, has continued to experience very high levels of child and maternal mortality (CMM). Her child and maternal mortality figures have remained among the highest in the world compounded by her equally high fertility levels. Writing on the situation, Dumo (2012) observed that child and maternal mortality is one of the highest challenges facing Nigeria as a nation. On his part, Harrison (2012) stated that across Nigerian communities, maternal deaths have become a very disturbing issue in recent times, with the number of casualties hitting alarming proportions. According to him, many pregnant women live in fear in the weeks and days leading to their deliveries as a result of the trend.

Specifically, Nigeria's horrifying child and maternal mortality statistics have been consistently reported by several authorities. For instance, the United Nations (2012) in her report titled 'Trends in Maternal Mortality 1990-2010' observed that 14% of the world's deaths related to child bearing are in Nigeria. The report further emphasized that while maternal death rates around that world have almost halved over the past two decades, Nigeria's rate of 630 deaths for every 100,000 live births is the world's 10<sup>th</sup> highest, behind nine other sub-Saharan African countries led by Chad and Somalia

Similarly, Olukorede (2008) had reported that in 2004, Nigeria had about 211,000 infant mortality with high under five mortality rate of 197 compared to 25 (Tunisia), 4 (Sweden), 6 (UK) etc. About 8 years later in 2012, the situation did not change much as Dr Akinwumi Adesina, Nigeria's Minister for Agriculture lamented that Nigeria still ranks 158<sup>th</sup> out of 182 countries in the Human Development Index (HDI) with life expectancy of 48years, risk of maternal death of 1 in 18, and under five mortality rates of 186 per 1000 live births

Interestingly, Nigeria has over the years adopted and implemented a number of programmes related to safe motherhood and child survival with a view to improve her child and maternal mortality credentials. Notable among such programmes are Safe Mother Initiative, Making Pregnancy Safer, Baby Friendly Hospital Initiative, Integrated Management of Childhood Illnesses, and Control of Childhood Communicable Diseases

Similarly, several policies and procedures aimed at positively affecting the survival of both mother and child were implemented over the years. These include National Health Policy of 1988; Maternal and Child Health Policy of 1994; National Immunization Policy and Standards of Practice; Breast Feeding Policy of 1999; National Nutrition; Water Supply and Sanitation Policy and on-going Millenium Development Goals Initiative. Unfortunately, despite these programmes, policies, initiatives and procedures, there has not been significant improvement in child and maternal mortality rates of Nigeria over the past ten years (see Ogbolu 2007).

Although factors that cut across socio-cultural, gender, psychological, political-economy, environmental and bio-medical dimensions have been documented by scholars as accountable for high child and maternal mortality in Nigeria, the critical role and contributions of prevailing value system to the problem is yet to be fully explored. Examination of the link between social values and the problem of child and mother mortality in Nigeria is a relevant step towards finding solutions to the menace. This is particularly important because social values (depending on their character) could constitute tools that propel human groups positively or negatively toward their set goals. Depending on their make-up, social values could constitute catalysts that place the society on the path of positive changes and development. However, if wrong social values are adopted by society, they will negatively affect socio-economic development and might contribute to problems like high child and maternal mortality (CMM).

### **Conceptual Framework on Social Values and How they Relate to Health in Nigeria:-**

The word value is derived from a French word *valoir*, which means to be worth. They represent things or ideas people hold in high esteem or regard highly. Social values are ideas, beliefs or feelings shared by members of a society about what is good, right and desirable in their society. It can also be viewed in terms of collective conceptions of a group about what is bad, undesirable and improper in their society. Igbo (2003) defines values as conceptions widely held by people in society about what is important to the well-being, survival and identity of the group. He notes that values influence social behaviour through their incorporation into the content of norms.

On his part, Aarva (2007) observes that values are reflections of the dominant ideology and the prevailing mode of thinking in a society. According to Okeke (1989) values are beliefs or ideals which individuals, groups or societies hold dear and acceptable. Amaele (2000) in turn defines values as standards of conducts, efficiency or worth which a society endorses, maintains and even transmits to her members in both present and future generations. It is these ideas, beliefs or understandings of members of the society that guide and are reflected in members' behavior. These ideals or beliefs are the basis of standards in public life.

Social values may be derived from tradition, experience, and religion. They inform the morality of society and drive the design of institutions and their enforceability. According to Maduekwe (1979), sound mind breeds sound people, and sound people build a sound nation. He goes further to maintain that values held by people help them to do good, say good things and above all love themselves.

Although, value varies from place to place, society to society, there are some values which are acceptable by every society of the world. Traditional societies of Nigeria were known for upholding the highest standards of values and morality. Today, these cherished values are eroded and compromised as deviant sub-culture and identities pervade society. The problem has taken an epidemic proportion which has culminated in compromised standards. For instance, Graves (2008:1) laments that today's college students are growing up in a society where ethical values are declining and dishonesty in government, business, and other organizations are widespread. There is indeed a remarkable level of decay in the moral structure of the Nigerian society. Vices like prostitution, gambling, use of narcotics, cyber deviance are now widespread. Also today, personal riches are valued above character. Money is worshipped as the greatest thing in life regardless of how it is acquired. Embezzlement of public funds and other forms of corruption reign supreme etc.

### **Theoretical thrust**

This paper is anchored on phenomenology theory. Phenomenology as a theoretical perspective in Sociology is an aspect of micro – sociology associated with scholars like the German mathematician Edmund Husserl (1859-1938) and Alfred Shultz (Haralambos and Holborn, 2004; Wikipedia 2009). Husserl felt that the objectivity of science precluded an adequate comprehension of the social world. On his part, Shultz described how subjective meanings give rise to an apparently objective social world. The core concern of phenomenology is thus with the question of 'meanings' which in its view are socially created and imposed on objects and social situations by man. They describe how subjective meanings give rise to objective social world.

Phenomenologists contend that there is no definite or fixed sense in which objects, social events or institutions are generally or universally interpreted. Meanings which men attach to objects and situations vary through time and space. They are shaped by their beliefs, prejudices or bias, their past experiences and expectations. Indeed, phenomenological point of view argue that collective conscience or what Durkheim (1938) called 'social facts' were constituted by men themselves but only appears to be external and independent. 'Phenomena' therefore refer to the objects as they are created through the interpretative processes of the human mind. An object may therefore have variants of meanings across different socio-cultural milieus. The result is that the picture of the social world cannot be anchored on mere collection of objects but on stock of meanings with which those objects are clothed.

Phenomenologists also argue that whatever meanings that are woven around objects or situations by society, also give rise to specific consequences in the life of such society. It is in the light of this contention that the impact of the value system on child and maternal mortality in Nigeria is to be understood. For instance, although the bio-physical factors contribute to child and maternal mortality, the high social value placed on procreation gives rise to tendency to procreate even at the risk of mother's life. The meanings attached to children across Nigerian cultural groupings are characterized by positive compliments to the extent that spouses who have none may experience forms of social disapproval even when the situation is not intentional.

These positive social definitions, perceptions and responses to child birth often result in consequences which are counterproductive to efforts to safeguard the health of mother and child in Nigerian. For instance, inability to space births in attempt to have many children in a short space of time is dangerous to the health of the mother and the new born. Also, killing a goat to celebrate a woman who had twelve successful deliveries in parts of Imo state and social prestige and associated with large families is not dangers to the life of women who carry the pregnancies.

### **How Social Values Affect Child and Maternal Mortality (CMM) in Nigeria**

In Nigeria, socio-cultural and value related factors that contribute to high child and maternal mortality include:-

- a. Traditional and religious belief systems and practices like weaning, purdah and female circumcision that negatively affect maternal health. Prevailing social values often attach enormous social significance to these practices not withstanding their severe implications to maternal health
- b. Low level of maternal education and poor mother-craft due to negative cultural beliefs and values toward girl-child education. The place of women is culturally defined to be in the home and particularly the kitchen. Indeed, low maternal education is the single most important determinant of CMM in Nigeria.
- c. Cultural acceptance and glorification of early marriages. Such marriages that has become a norm in most parts of Nigeria expose teenage girls to sexual and child bearing responsibilities too early in life when their organs are still fragile to cope with such rigors. This often leads to birth complications and deaths.
- d. High premium, norms and pro-births value systems that support procreation and large family size. Children are seen as gifts from God and the individual should not interfere or interrupt the process of begetting them.
- e. Cultural resistance and bias against use of contraceptives and forms of modern family planning techniques.
- f. Cultural taboo on pre-marital sex in most of Nigeria. Despite this taboo, the occurrence of pre-marital pregnancy is common. Oftentimes it results in difficult birth (delivery) session, with higher possibility of death of both the teenager and child. This is because the illegality of the pregnancy and the enormous negative societal reaction toward it forces the teenager to go into hiding to attract less publicity to her pregnancy. In the process, she fails to attend antenatal clinic (if one is ever conducted in her area) with obvious threats to pre-and post natal health and survival of mother and child.
- g. Cultural preference of male children who carry-on the family name [patriarchal descent system operate in most of Nigeria]; the value system that informs the practice stimulates hunger for further procreation even in cases of extreme dangers or threats to maternal health just to ensure that a male child is born into the family .
- h. Traditional patriarchy, as an authority pattern prevalent in most parts of Nigeria, entrust males as head of families with decisions or approvals about where and how to seek medical attention to address health challenges encountered by any member of the family. Often times, especially with respect to pregnancy related conditions [which is

not conceived as illness], the approval to seek medical attention may be delayed with adverse implications to health and survival of mother and child.

- i. On the political-economic angle, widespread poverty is a major cause of child and maternal mortality in Nigeria. Higher birth rates among the poorest in the face of challenges of poor income, malnutrition, poor quality housing and low sanitation generate health hazards with attendant deaths. To worsen matters, government allocations to health sector have remained unimpressive even as corruption and other vices truncate instituted interventions.
- j. The gender dimensions to child and maternal mortality stems first from low social status (socially, economically and politically) and subservient role accorded women in parts of Nigeria. Such position which stem from the value system breeds anxiety and apprehensive psyche that disadvantage the ability of women to cope with child bearing processes with or without the support of the male head.

Inequality between men and women are widespread in relation to access to basic things for life. This affects contribution of women to meaningful development. Culturally defined backstage roles negatively affect the knowledge level, skill and world view of women. It also occasions their naïve response to child and maternal health issues that should be the centre point of their worries and commitments.

Furthermore, as Onyeneho (2007) observes, the males in Nigeria have greater control of over societal resources and monopolized decision making for allocation of household resources while the females have the responsibility of giving care to the sick child. According to her, a juxtaposition of these two realities showed that response to childhood health problems [like fevers] is sometimes delayed because of low status of females in the household. Such delayed response may result in death of the child.

There is also a value defined psychological dimension to CMM in Nigeria. This is because women of child bearing age live in fear and encounter pregnancy with enormous anxiety rather than as a pleasing natural process. Mothers who lost their children in the past may be stigmatized resulting in a vicious cycle of further fears and deaths.

In view of the above background, the fact that societal values contribute to the magnitude of problems of CMM in Nigeria cannot be overemphasized. Indeed, societal values negatively influence or compound the bio-medical dimensions of CMM. In other words, problems like low birth weight and premature births are not unrelated to the mother's youthful age and interval between births both of which are socially or value defined.

### **Solutions on Social Values Perspective on Child and Maternal Mortality**

The following measures are proposed to address social values associated with CMM in Nigeria and to reduce the problem to a minimal level:

Expand Basic Education with emphasis on girl-child education. To achieve this, multiple approaches must be employed. Such approaches will include school programme for drop-outs,

free and compulsory education programme for children, adult literacy programme etc. The level of literacy of women is strongly correlated to prevalence of child and maternal mortality in Nigeria

**Status Employment/Economic Empowerment of Women:** This is crucial because much responsibility is thrust on women towards curbing CMM. For them to creditably discharge those responsibilities there is need to raise their status socially, economically and politically through economic empowerment. In this way, economic and social power is placed where the action is expected (i.e. among the women folk). Such empowerment could be achieved through formation of women co-operatives, setting up small and medium enterprises (SMEs), linking women to microfinance initiatives etc. The end result of this approach will be that the vicious cycle of poverty, high birth rate and CMM will be broken.

Introduction of massive public enlightenment /awareness creation programme on prevention of CMM. Such campaign will employ the services of the mass media, religious bodies, traditional institutions and traditional mass communication arrangements to enlighten and educate people on the micro and macro effects of CMM and the strategies for its reduction.

Upgrading of infrastructure in related areas like agriculture, water supply and sanitation, particularly at health institutions. Health facilities should be equipped to the level that they can promptly and successfully respond to factors that threaten the survival of mothers and their children.

There is need for regular training and re-orientation of health workers to improve on their knowledge, skill and commitment to service. This will enable them to give their best when confronted with CMM threatening situations.

Recruitment and training of volunteers who will argue the services of qualified health workers and particularly help in disseminating appropriate information related to prevention of child and maternal mortality at the grassroots. These volunteers are like foot soldiers complementing the efforts of the national health system on CMM.

Integrated package of maternal and child survival strategies should be implemented. These include adequate prenatal care, sufficient breast feeding, good weaning practices, general improvement in living conditions, promotion of contraception measures to reduce high risk pregnancies, and curbing resistance to family planning etc

Adoption of community driven health care finance/ and management option. This will be a quasi – health insurance system operated by the people themselves through payment of affordable monthly subscriptions to ensure access to health services in their own health institutions. This measure will complement government arrangements.

Inventory on causes of failure or low performance of previous CMM interventions should be undertaken. This is with a view to mitigating similar challenges in the context of new tools being advocated.

Support for specific actions and strategies which promote gender equality within the family, including sharing parental responsibilities.

Advocacy for appropriate policies and implementation of existing policies, for attitudinal and behavioral changes in critical areas like early marriage, female genital mutilation (FGM),

illegal abortions etc. These will be intensified through support to local community groups/organizations concerned with these issues.

### Conclusion

This paper has argued strongly that prevailing social values in Nigeria which encourage high birth rate similarly contributes to high child and maternal deaths in the country. To reverse the trend, awareness raising, empowerment of women, comprehensive and intensive programmes of formal and informal education etc were recommended.

Advocacy for appropriate policies and implementation of existing policies, for attitudinal and behavioral changes in critical areas like early marriage, female genital mutilation (FGM), illegal abortions etc. These will be intensified through support to local community groups/organizations concerned with these issues.

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