MATERNAL DEATHS AND STRATEGIES FOR REDUCING THEM IN NIGERIA THROUGH 2015 AND BEYOND

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ABSTRACT

The paper looks at maternal deaths and Strategies for reducing them in Nigeria through 2015 and beyond. It saw maternal deaths as the death of women 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 pregnancy or its management but not from accidental or incidental causes. The paper noted that Nigeria has made some tremendous efforts on how to achieve Millennium Development Goals (MDGS) but not yet. The article noted that Nigeria has achieved 13% global maternal deaths rates which if greater enthusiasm is devoted to addressing the problem beyond 2015, She is going to make progress. Causes of maternal deaths, some strategic actions and intervention to achieve significant sustained reduction were mentioned in this article. The paper recommended among other things that better resources management by government and efficient application of existing knowledge to provide proper maternal care, including basic care during and after pregnancy be ensured.

Keywords: Maternal death, Strategies, Nigeria

INTRODUCTION

Maternal death is a multidimensional problem which does not only affect the family involved but has a great effect on the society as a whole. Maternal deaths is the death of women 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, 2006). The death of a woman during pregnancy, labor or pueperium is a tragedy that carries a huge burden of grief and pain and has been described as a major public health problem in developing countries. These ugly issues were formally addressed in 1987 international conference convened in Kenya, to raised global awareness of the divesting maternal mortality rates in developing nations. One of the goals was to reduce maternal deaths to 50% by the year 2000. But by 2000, the goal was far from being realized (Kotch, 2008). The global country reaffirmed its commitment in 2000 and the United Nations issues 8 Millennium Development Goals (MDGs) and focuses their attention, resources and action in improving the well-being of all people. The MDGs-5 was to reduce maternal deaths to 75% between 1990 and 2015.

Bazuaya (2013) noted that some African countries have made progress in achieving MDGs-5; several others are still struggling to make significant impact which Nigeria is one. He further stressed that if Nigeria was to achieve a 41% reduction in maternal mortality during the period, due to its large population, and its over 40,000 estimated maternal deaths still

accounted for 14% of global maternal estimates. Annually, an estimated 52, 900 Nigerian women die from pregnancy related complications, out of a total of 5 29,000 global maternal deaths (Akowe, 2009). A woman's chance of dying from pregnancy and child birth in Nigeria is at the rate of 1 in 13, compared with 1 in 35 in Ghana and 1 in 2800 in developed countries, and only about 40% of deliveries are attended to be skilled birth attendants.

In 2014, data made available by the United Nations Population Fund affirmed that Nigeria accounts for 13% global maternal deaths rates with an estimated 36,000 women dying in pregnancy or at childbirth each year. But 5500 of these deaths are among teenage mothers and ranked Nigeria as eighth in sub-Saharan (DHS, 2008). According to Demographic Health Survey, Jigawa State topped the list of teenage mothers with 75% maternal deaths of its girls between ages 15-19 in early marriage, followed by Katsina, Zamfara, Bauch and Sokoto States. By implication, it shows that Nigeria is making progress towards reducing maternal deaths if greater enthusiasm is devoted to address the problem beyond 2015.

CAUSES OF MATERNAL MORTALITY

The major reported causes of maternal deaths in Nigeria are grouped into four, namely:

1. Medical factor

Medical causes are subdivided into direct and indirect types. Direct causes are those that result from complications of

pregnancy, delivery or their management such as hemorrhage, toxemia, illegally induced abortion, embolism, ruptured uterus and obstructed labour. In 2011, Ebonyi State ranked the highest in ruptured uterus which made Ebonyi women who were pregnant within that year to almost loose their lives (Ugadu, 2011). While indirect causes include those factors that result from the aggravation of some existing conditions such as hepatitis, anaemia and heart diseases. Chimwuzie (1995) listed hemorrhage, severe complications of hypertension in pregnancy, infections, obstructed labor and unsafe abortion as the commonest medical causes. Lukkainen (2004) pointed out that in Nigeria, hemorrhage, sepsis, toxemia and complications from abortion account for 62% of maternal deaths. WHO (2008) attributes maternal deaths in Nigeria to be more of what is called "3 delays":

a) Delay in deciding to seek for care.
b) Delay in reaching care in time.
c) Delay in receiving adequate treatment.

a) Delay in deciding to seek for care: The first delay is on the part of the mother, family or community, not recognizing a life threatening condition before most deaths occur during labor or in the first 24hours postpartum, as recognizing an emergency is not easy. Most births occur at home with unskilled attendants and its takes skill to predict or prevent bad outcomes and medical knowledge to diagnose and immediately act on complications. By the time the lay midwife or family realizes there is a problem, it is too late. In Nigeria, this problem accounts for 30% deaths.

b) Delay in reaching care in time: The second delay is in reaching health care facilities, which may be due to road conditions, lack of transport or location. Many communities do not have good road and access to vehicles. This means that it may take hours or days before reaching a health-care facility, which in such cases, women with life-threatening conditions often do not make it as was the case of the author in 2011 in Ebonyi State when she nearly lost her life, but later it was only the baby that died. This type accounts for 20% death in Nigeria.

c) Delay in receiving adequate treatment: The third delay occurs at the health care facilities. In this case, despite the arrival, women receive inadequate care or inefficient treatment. Omissions in treatment, incorrect treatment and a lack of supplies contribute to maternal deaths, and this accounts for 40% death in Nigeria.

2. Health factors:

Some mistakes made by medical personnel during treatment such as deficient medical treatment of complications, lack of resources like trained personnel, inadequate action, blood transfusion, drugs and other equipment, lack of access to maternity.

3. Reproductive factors:

Fred (1992) classified four specific types of pregnancy that are at risk of maternal death. And in Nigeria, it account for the highest in certain types of pregnancy as was the case in Jigawa State. These include:

- Pregnancy before the age of 20.
- Pregnancy after the age of 35.
- Pregnancy after 4th births
- Pregnancy spaced less than 2years.

WHO highlighted that the age of women at risk of maternal deaths is based on three factors.

- Reproductive inefficiency when the woman's cervix is incompetent and Pelvic inadequate:
- Parity: women are safest at their 2-3 times delivery.
- Unwanted pregnancy-where some young mothers feel reluctant to seek formal medical help, and they rely in illegal abortion which is a major killer of women and it accounts for 25 to 50% maternal deaths

4. Socio-economic factors:

According to WHO (1995), poverty is the most common, socio-economic factor that causes high risk of maternal mortality in Nigeria. It states that poor women are less likely to have good nutrition and hence, less to be in good health and to seek professional medical care. Other factors are ignorance and apathy by women and the society in general. Most women ignore early warning signs due to lack of adequate knowledge and delay in seeking for care. Even inadequate preparation for any emergency before, during and after delivery is also a contributory factor.

Individual characteristics of some mothers accounts for maternal deaths such as: educational attainment, socio-cultural variables,

antenatal attendance and poor health care practices. Socio-cultural variables like early marriage accounts for 13% of all maternal deaths in Nigeria; female genital mutilation (FGM) accounts for about 69%; pains, infections and hemorrhage, which results from Female Genital Mutilation which during obstructed labour due to scare tissue stretches poorly in child birth leading to perinea tear and hemorrhage. Poor family planning practice as a result of unsafe abortions accounts for 13% maternal deaths, educational attainment of women.

WHY MATERNAL MORTALITY REMAINS A PROBLEM IN NIGERIA

There are several systemic factors accounting for the persisting high rate of maternal mortality in Nigeria which need to be addressed through 2015 and beyond if significant impact is to be made. These include: harmful cultural and traditional norms and practices, low quality of governance, lack of accountability, corruption and lack of political commitment

Harmful cultural and traditional norms and practices that disempowered women: This can only be addressed on a sustainable basis if government begins to understand the multi-dimensional nature of the problem and begin to own the process of change that create meaningful and sustainable living in the country.

The other issue is the low quality of governance in the country which exerts negative impact on the management of health systems, for the prevention of maternal mortality. The high rate

of maternal mortality in this country can be attributed to lack of a purposeful and strategic orientation of governance to address the problems of social inequality and human development. The fact still remains that the democratic practice that is increasingly gaining grounds throughout Nigeria is still characterized by high level of impunity in some places.

Lack of accountability and corruption account for the non-achievement of MDGs-5. The resources available will never be used to address the often neglected issues of health disparity, especially those problems that are suffered largely by the most marginalized in the society. Only good governance can address the problems of poverty and illiteracy and eliminate wastages that predispose women to high rates of maternal mortality.

Lack of political commitment: - Government lacks political will and commitment due to lack of proper understanding of the problem or to a low level prioritization of the issue. In many low income countries, resource allocation for health, especially for maternal health is often problematic, as this is often not seen as a visible form of development for which politicians would gain immediate benefits.

STRATEGIC ACTIONS FOR REDUCING MATERNAL MORTALITY THROUGH 2015 AND BEYOND

A strategic action that seems to be relevant for gaining more momentum and prevention of maternal mortality after 2015 and beyond includes: getting girls to school, focused antenatal care, laying the foundations for good prenatal care, addressing the

background and proximate factors, develop strategies for promoting good governance, reposition maternal mortality prevention, scale up interventions.

Getting Girls to School: helping governments to provide quality primary school education, particularly education for the girl, can benefit maternal health. Educating girls for six years or more consistently improves their prenatal care, postnatal care and child birth survival rates later in life. Educating mothers also greatly cuts the death rate of children under five. Educated girls have higher self-esteem and are more likely to avoid HIV infection, violence and exploitation and to spread good health and sanitation practices to their families and communities. An educated mother is more likely to send her children to school. Girl's education improves maternal death.

Focused Antenatal Care: An approach to antenatal clinic (ANC) that emphasizes evidence based goal oriented action and health family centered care, quality rather than quantity of visits and care by a skilled provider is here emphasized. WHO recommends at least four antenatal visits in a normal pregnancy. More visits can be arranged in an abnormal situation. ANC increase a mother's chances to stay alive and give birth to a healthy baby. During this period, an opportunity to recognize mothers at risk is possible and lethal complications avoided and screening for STDs especially HIV infections are done thereby giving the baby a chance to avoid contagion by PMCT(through ARV). The 1st visit is from 12 to 16 weeks; 2nd visit- 20 to 24 weeks; 3rd visit 28 to 38 weeks; 4th visit 36 to 40 weeks. During

the visits information on birth preparedness and emergency readiness should properly provided. Such information is:

Laying the foundation for good prenatal care: Community health educators should provides local communities information to women and their families, on signs of pregnancy implications birth spacing, timing and limiting for nutrition and health and improving the nutritional status of pregnant women to prevent low birth weight or other problems.

The background and proximate factors that predispose women to high rates of maternal mortality should be addressed. These include the reduction in poverty, prevention of early marriage, and socio-economic empowerment of women.

Develop strategies for promoting good governance including better health in the country. These include the adoption and practice of basic principle in democratic governance, which would eventually benefit health indicators both directly and indirectly in good governance, more emphasizes should be placed on participatory democracy that will include women, promotes rule of law and accountability, sustainable economic development and respect for and practice of basic human rights principle. Good governance include specific devotion paid by government polices to human development, including provision made for the education, health and social welfare of citizens.

Reposition maternal mortality prevention from being a donor dependent initiative, to be an important agenda led and

propelled by in the country government. This implies that government should be encouraged to conduct their own need assessment, conduct strategic plans of action based on the needs assessment and to formulate short, intermediate and long term plans of action for improving maternal health and reducing maternal mortality. Adequate budget allocation should be made by government to the health sector, with specific budget lines devoted to maternal health, the prevention of maternal mortality and to reproductive generally. Abuja declaration should be a starting point.

Scale up interventions to achieve significant and sustained reduction in maternal mortality such as:

- Addressing unmet need for contraception and increasing the number of at risk couples using effective contraception.
- Increasing women's access to quality antenatal and skilled delivery care.
- Building the knowledge of women and communities about pregnancy and its risks through community health education and mobilization.
- Health system strengthening.
- Improving women access to quality emergency obstetric care at all levels of health care system.
- Countering harmful norms, traditional belief and practices that deny women access to evidence based information and services in maternal and reproductive health. Till date, programs that address these issues have been implemented in pilots and in "boutique formats" and no efforts had been made to identify the scale-up the most effective approaches.

- Effort should be made towards adopting the seven days and one week that WHO member states have mandated as "official" global public health campaigns and uses these days to campaign for more reduction in maternal deaths. Such days include:
    a. World TB Day-24 march.
    b. World Health Day- 7 April.
    c. World Immunization Week- last week of April.
    d. World Malaria Day- 25 April.
    e. World No Tobacco Day-31 may.
    f. World Blood Donor Day- 14 June.
    g. World Hepatitis Day- 28 July.
    h. World AIDS Day-1 December.

CONCLUSION

Despite the United Nations identifying maternal health as a global problem in 2000, high rate of maternal mortality remains a major challenge in Africa and Nigeria at large. As the world begins to strategize its needs for development through 2015 and beyond, the reduction of maternal mortality must remain top on the agenda within the context of Nigeria. Meanwhile, it must not be business as usual. New approaches for tackle this problem must be devised and new actions and leaders must be brought on board. Nigeria's political and democratic leadership must be made to appreciate the connection between development and the well-being of its citizens and be encouraged to lead the pathway of change for reduction of maternal death. The strategic actions and interventions to improve maternal health and reduce maternal mortality are well known, especially learning from our

past experience surely in coming years. Nigeria must devise means to hold governments accountable on several social justice and human rights issues, including the reduction of avoidable deaths in vulnerable women.

RECOMMENDATION

The following recommendations were made:

1. Better resources management by government and efficient application of existing knowledge to provide proper maternal care, including basic care during and after pregnancy and adequate and timely specialized care by health workers should be ensured.
2. Income and gender equality and community empowerment to strengthen community involvement on using indigenous knowledge participating in education, training and research and improving primary health care skills by government.
3. Health educators should educate the rural women on balanced diet, personal and environmental hygiene, and family planning.
4. Federal Government and Non Governmental Organizations should sponsor people to undertake intervention programmes on maternal deaths.
5. People should be sensitized on causes of maternal deaths. This can be achieved through organized workshops, seminars and conferences at community level by health educators
6. Maternal deaths campaign days should be officially launched as one of the official global public health campaign in the world.
7. Girl child education should be emphasized by government from the grassroots, as that can reduce maternal deaths.

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