



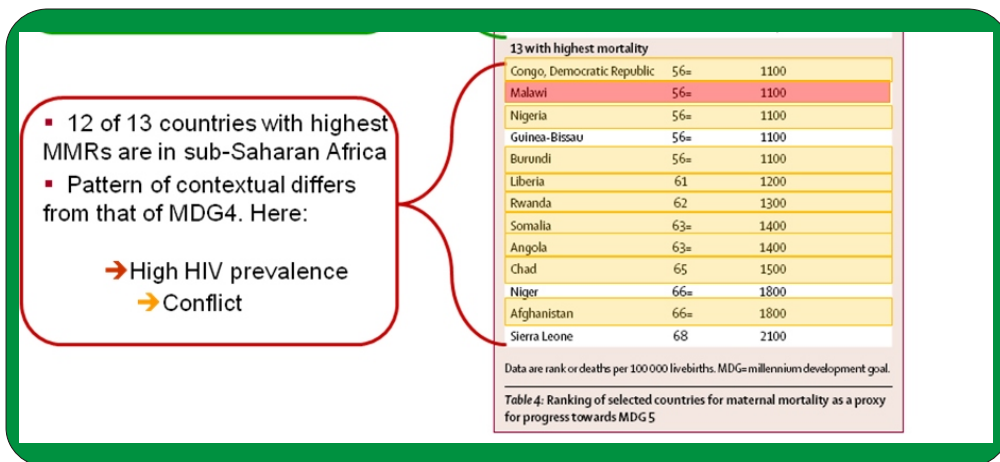
Women and Children

A publication on unreported developments in maternal, newborn and child health in Nigeria

Groups seek urgent solutions to maternal mortality in Nigeria

MAY -JULY 2009

The high rate of maternal mortality encountered in Nigeria has caused a great concern to the Government, Non Governmental Organizations (NGOs) that focus on reproductive health issues, as well as to donors both at National and International levels. With barely six years to the stipulated targets of MDGs 4 & 5 which is year 2015, Nigeria is still not listed amongst the ten countries seen to have made rapid progress to meet the target. At present Nigeria ranks one of the thirteen countries in the world with the highest MMR (Maternal Mortality Ratio).



Source: Global perspective



Source: WellBeing foundation

A caring hand -Toyin Saraki, First lady Kwara State, showing love to the newborn.

However, intensive interventions are being put in place by both Government and Non Governmental bodies to see how to curb this alarming menace of maternal mortalities recorded in Nigeria. Also, strategic steps are taken to ensure that the country is given a new face in the global rating, as concerns MMR

.One of such interventions was a programme held in Abuja mid June, 2009 tagged "Nigerian NGOs workshop: Towards a consolidated role as Maternal, Newborn and Child Health advocates". The programme which was put together by ACCESS (Access to Clinical and Community maternal, neonatal and women's health services) and JHPIEGO (John Hopkins Program for International Education in Gynaecology and Obstetrics) in partnership with the Nigerian Government was aimed at bringing members of Non Governmental Organisation in line with MNCH (Maternal, Newborn and Child Health) strategy from the six geo-political zones in Nigeria to brainstorm on best strategies to addressing maternal mortality issues.

As the target of reducing MMR by three-quarter in 2015, as stipulated by MDG 5 draws nearer, many people have begun to express doubts, as to how feasible this goal could be achieved. However for this target to be met, some health professionals and active NGO players in the area of reproductive health said that one key area that needs to be improved on, is primary health services at all levels. They are of the opinion that once there are adequate and well equipped primary health centres across the country, maternal and child health issues will be a work over.

Other participants at the program also said that bulk passing amongst the three tiers of government needed to be addressed also, especially as it relates to funding. Moreover, health policies and implementation at all levels needed to be harmonized. An official from one of the federal parastatals said that, "since NGOs play an important role in awareness raising and advocacy, their roles at the state and local governments cannot be over emphasised."

In suggesting ways of curbing maternal and child mortality menace in Nigeria, representatives of NGOs from the six geo-political zones were of the view that, primary health care centres needed to act as the coordinating point for implementation of IMNCH (Integrated Maternal, Newborn and Child Health) strategy. They canvassed to be part of the multi-sectoral platform for the planning, implementation, as well as the monitoring and evaluation. They also solicited for improved funding at all levels for IMNCH.

The consensus at the two day workshop was that there is need for the federal government to scale up its activities at the states and local Government area. This being that NGOs have better ability to reach the grassroots effectively, thus a is need for the government to work closely with them.

In line with this, wife of Kwara State Governor, Mrs. Oluwatoyin Saraki who also participated at the workshop encouraged Non Governmental Organisation at the state level to work closely with wives of state Governors in the states they represent. She said that in Kwara state, government has taken the bull by the horn, to confront the menace out rightly. Some of the strategies she

...solutions to maternal mortality in Nigeria.

mentioned are:

- Kwara State Official Wives Association, (KWASOWA) Safe Motherhood. (A vehicle with which she has made commendable progress in promoting Maternal and Child Survival in the state.)
- Kwara Safe Motherhood-Be a Mother Programme.
- Alaafia Kwara (The Kwara Wellbeing Trust) A sister organization with the mother foundation. (A pet project of the first Lady of Kwara State, an Independent Organisation)
- Alaafia Kwara Twins and Multiple Births Assistance Project: (Grants from this project are given to indigent mothers who have had multiple births. This financial and social support is also available for children under 5 years who lost their mothers at childbirth. The fund ensures that a sustainable structured plan is put in place to ensure that their immediate needs are met and are privy to a continuum of healthcare, in addition to educational opportunities.) It could therefore be said that if the states and local governments could put in place comprehensive and functional health structures at all levels, then Nigeria will be seen to be making progress. Thus bulk passing amongst the tiers of government will be a thing of the past, as there will be apt cooperation from members of the community, since fighting this scourge needs all hands to be on deck.

According to the First lady of Kwara State, "it takes passion and commitment to fight this menace." She said sacrifice is pertinent in dealing with the prevailing set back. One of her sacrificial effort she said is using her upkeep allowance to save the life of mothers and children in

Kwara state.

"...put in place comprehensive and functional health structures at all levels, then Nigeria will be seen to be making progress."

- Ijeoma IHEME

Debilitating effects of HIV/AIDS on Women and Children

HIV/AIDS has emerged as one of the greatest pandemic which hunts everyone, not sparing the weakest of all, women and children. At present, the most recent HIV sero-prevalance survey shows that women aged 15-49 years, constitute 56 percent of the 4.74 million infected, (Adekeye, 2005) with quite a number who have given birth to babies that have become infected also. Others who had the virus after birth have had to battle with the challenge alone, due to the devastating effect it has on them. Women are more prone to contracting HIV because of certain factors. One important factor is biological, which explains the physiological characteristics of women, the general vulnerability of women partly accounts for a wide range of female reproductive health problems, and variation in socio-economic and political status by gender. These have emerged as some of the factors responsible for increasing the spread of HIV infection among Nigerian women.

Children, on the other hand, can also be infected by HIV/AIDS. They are particularly affected if one or both parents are infected and the effect of HIV/AIDS is greatly felt by those orphaned by AIDS, because they have to face life's challenges without their parents. Apart from grief, depression, dependency on others and denial of basic necessities, children orphaned by AIDS are often stigmatized and discriminated due to fear surrounding AIDS by people around them. Many of these orphans are therefore forced into exploitative situations such as prostitution, robbery and other evil acts which could get them infected as well, and even land them in jail or expose them to risks that may cut short their lives. The HIV/AIDS endemic toll on the number of school age children is

very alarming, because the scourge decreases the rate of growth of the school age population.

Also HIV positive women have reduced fertility and mother-to-child transmission of the virus, which means increase in child mortality rate. HIV-Positive women have significantly more negative pregnancy outcomes, such as spontaneous abortions and still-births, than uninfected women. This is likely to further decrease the number of children 0-5 years of age in the households (Chomba and Piot, 1994). Women who are infected with the virus, are also regarded as child bearers, child rearers and care givers, they bear the brunt of the impact of HIV/AIDS, as they are responsible for their sick children or spouse. They are also saddled with the responsibility of caring for orphaned and vulnerable children. This is often a difficult role and task for women to perform.

Further more, the effect of HIV/AIDS on children relates to the projected increase in AIDS orphan hood and school dropouts. These may contribute to increased child labour, as children enter the work force at even younger age in search of financial support (Lisk, 2002).

In order to control HIV/AIDS and its effects on women and children, women's vulnerability should be checked by passing and enforcing laws against gender discrimination, empowering women economically, improving access of girls to education and provision of basic necessities for the orphans.

- Ikeoluwa AWE

Behaviour Change Communication, practical remedy to reducing malaria.

Malaria in Pregnancy (MIP) seems to be on the rise, thus causing severe anemia and resulting in an increased maternal mortality rate. This generates an impact on maternal and child health, as we constantly record the loss of 145 women daily in Nigeria, with 11 out of every 100 dying from malaria complications.

At the moment, strategies been implemented through the use of Intermittent Preventive Treatments (IPT), Insecticide-Treated Nets (ITN), and case management of malaria illness, to reduce the burden of malaria infection among all pregnant women. This continues to be a proven formula for saving women's lives. Implementing behavioural change communication also needs to be developed around understanding the strategies enumerated above. But how effective has this been, who is using it, how regular is it been used. These questions against all odds of reality shows that Nigeria has a high maternal mortality rate MMR.

Strategies developed towards combating Malaria in Pregnancy (MIP), no doubt have worked and deserve a high level of credit across the years. Although, it is difficult to determine how wide spread the campaigns have been towards reducing malaria infection in Nigeria by 50% by year 2010. It is however believed, that behaviour change communications should be strategized towards saving maternal and child health through educating the populace on how to safeguard the health of women, children and their future.

The health stakeholders do not necessarily need to create new strategies towards saving women's lives' besides antenatal clinic (ANC), IPT and Long Lasting Insecticide Nets (LLINs) already in use, but rather use behavioral approaches to emphasize the critical changes that this factors already bring to the reproductive populace.

There are three main categories among pregnant women:
Women who do not attend ANC at all: Non-attendance ANC in Nigeria varies from one geopolitical zone to the other, with the highest in the North-West and the lowest in South-South. These categories of women are mostly found in North-West, North-East, North-Central and the South-South part of the country. The barriers to non use of the facilities also vary across the regions based on their socio-cultural, religious and economic characteristics. While poor availability and accessibility as well as general distrust may contribute to lack of the use of facilities in the North, poor accessibility as a result of the coastal terrain and conflict may contribute to non use of ANC in the South-South. These

Women who Attend ANC: The second group would comprise women who are already attending ANC in a timely manner and demand the services as a right. These women need to understand that MIP is a health right to be expected within ANC. This category is mostly found among pregnant women in the South (SW, SE and SS).

Women who Register Late: The third group is made up those who register too late to benefit from two doses of IPT. They need to be convinced of the benefits of early registration. They

differences needed to be considered in developing appropriate and realistic messages.

are mostly found among women in Southwest, Southeast, South South and North Central.

In addition to the primary audiences of pregnant women, there are secondary audiences who influence women's behaviour. These include Husbands, Mothers-in-Law, Traditional, Birth Attendants (TBAs), Peers and LGA leaders (chairmen, supervisory councilors for health, LGA medical officers for health) who make decisions about stocking and buying drugs and nets for MIP.

Women across Nigeria have various ways of evaluating the needs, the process and use of ANC.

With core issues on how, when, who should adopt ANC treatments strongly depending on cultural, political, and religious factors. Women who do not attend ANC at all should have information focused on the

importance of ANC to child bearing, including information on malaria prevention and treatment.

Pregnant women who regularly attend ANC, have an increased chance of health delivery These women understand the importance of registering early at ANC and attend ANC at least four times during pregnancy but may not know the importance of preventing and treating malaria in pregnancy. Hence, the need to elaborate clearly on IPT to this reproductive populace.

Some other, pregnant women who register for ANC too late, to benefit from two doses of IPT. These women (which may include multifarious women, adolescents and students with unwanted pregnancies) need to be convinced of the benefits of early ANC registration. Few are aware of MIP, and IPT is not well known. Very few know the importance of sleeping under ITNs and know that they should sleep consistently under ITNs when pregnant. Pregnant women in the South (SW, SE and SS) and North Central most commonly fall into this category. Socio-cultural, religious characteristics of these regions need to be considered in developing appropriate and realistic messages.

BCC continues to be the doorway between saving women's lives from consistent malaria streams of attack across Nigeria. Adequate application of BCC could help achieve MDGs target faster than envisioned and



Source: google earth

- femi adeolu AMELE

Malaria burden in Nigeria: Any hope for women and children?

Malaria is one of the most deadly diseases and has a high prevalence rate amongst Nigeria population of about 154 million people. Currently, it accounts for 130 million clinically diagnosed cases, of which 605 are outpatient visits, 30% hospital admissions and sadly the death of about 300 thousand children annually. The malaria burden in the country, has adversely affected on the physical, mental, financial and social well being of everyone, especially women and children under five years, who are at highest risk of infection.

Table Showing Malaria Cases in Nigeria in mid 2009

Age Group	Population	Cases
0 - 2	12,310,285	30,775,712
2 - 5	18,465,427	27,698,141
5 - 10	20,004,213	20,004,213
Above 10	103,098,636	51,549,318
Total	153,878,561	130,027,384

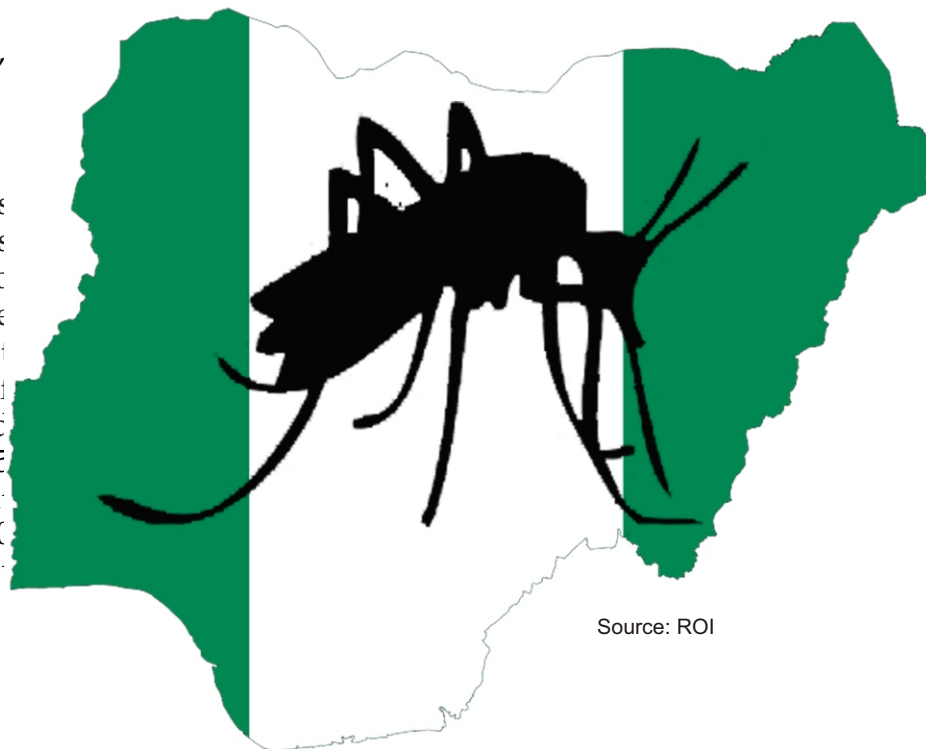
Source: WHO matrix

It is noted that about 70% of pregnant women suffer from malaria each year and 11% (4,500) of them die of malaria. Malaria infection in pregnant women leads to increased morbidity and mortality and the delivery of premature infants with low birth weights due to intrauterine growth retardation (IUGR) that may have been as a result of placental parasitisation (. infestation). Malaria also contributes to mental anaemia (shortage blood in the brain), and other implications such as abortion, still births and, pre-term delivery amongst others.

Malaria could be fatal, thus preventive measures are best ways of curbing the attack. According to (Brabin 1985), in areas where malaria is endemic, pregnant women have frequent episodes of malaria from early to mid pregnancies. In Nigeria 1 in 5 women have malaria parasitaemia at delivery. Maternal age less than 20 year was the most important predisposing factor.

In children under 5 years, malaria causes 25% of infant mortality and 30% of deaths in children under five years. That is to say, between

the ages of 0-5, the child stands the chance of being affected with malaria between 2 to 4 times in one year, accounting for 58, 473, 853 cases of malaria, out of the total clinical recorded cases of 130, 027,384. Malaria is responsible for the death of 300, 000 children, accounting for 3 out of every 10 children mortality and 1 out of 4 infant mortality. These figures show that malaria is really a burden to Nigeria. The question therefore, is that is there any hope to salvage the situation at hand?



Source: ROI

In a report titled "Analyses of Economic Burden of Malaria in Nigeria" by Federal Ministry of Health (FMOH) and World Health Organisation (WHO) 2004, it stated that malaria has been known to be the commonest cause of absenteeism from offices, markets, schools, farms etc. Also that 25% of household income is expended on malaria control and treatment and about ₦132 billion is lost to malaria annually. Thus malaria is implicated in the reduction of human work capacity and productivity (GFFHR 2000) It adversely affects the socio-economic development of the nation (FMOH 2001, GFFHR 2000) and constitutes a great burden on the already depressed Nigerian economy. (NetMark 2001a)

Malaria causes great misery to sufferers, and adversely affects the social and psychological well being of individuals, families and the nation at large.

It is unfortunate however, that the situation of malaria burden in Nigeria has continued to deteriorate, despite various control strategies. Some of the factors that have been identified responsible for the excruciating burden are lack of political will at all levels of government, (especially at State and Local government levels) poor perception of the magnitude of the disease, and poor treatment seeking behaviours of communities and individuals. More so, the development of resistance to drugs and insecticide by parasites and vectors has also compounded the control efforts.

Never the less, it is hoped that various malaria prevention and control technologies like the Roll Back Malaria (RBM) scheme, as well as others, including government at all tiers in the nation and stakeholders will be alert and awakened to help unburden the suppressive weight of the malaria in Nigeria. This will be the hope to save the lives of millions, especially women and children under ages 0-5 years who are the most vulnerable.

Kayode Iyalla

MP4 Women and Children

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