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A bulletin addressing maternal, newborn & child health in Nigeria

Nigeria set to curb Maternal, Newborn and Child Deaths

Efforts to reduce maternal mortality and improve child health in Nigeria are on the front burner as Nigeria joins the Partnership for Maternal, Newborn and Child Health. The Mission recently met with top government functionaries including Nigeria's Honorable Minister of Health in Abuja.

Apart from government officials, the Global Partnership met with UNAIDS, the World Bank, the Society of Obstetricians and Gynaecologists of Nigeria, the Nigerian Medical Association, the Governor of Niger State, and the Honourable Speaker of the House of Representatives, among other professional health bodies. The purpose of the Partnership's visit was to advocate a national strategy to eliminate maternal, newborn and child health across Nigeria, and to create a strong alliance among government agencies, NGOs, professional bodies, and media organizations to support the stategy. The Partnership for Maternal, Newborn and Child Health is a new global health partnership launched in September 2005 to accelerate action towards achieving Millennium Development Goals (MDGs) 4 and 5.

The Partnership joins the maternal, newborn and child health (MNCH) communities into an alliance of currently more than 125 members representing governments, donors, United Nation agencies, non-governmental organizations, private institutions, and academic and research institutions--all committed to ensuring that women, infants and children not only remain healthy, but thrive.

A new mother at Suleja General Hospital, Minna, Nigeria.

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Since the Maternal, Newborn and Child Health National Conference held in March 2007, Nigeria has undertaken a number of steps towards rolling out the Integrated Maternal, Newborn and Child Health (IMNCH) Strategy. These include stepping up advocacy for strong and wide support; re-organizing the country's Ministry to meet the challenges of roll-out; finalising the IMNCH Strategic document for printing and dissemination; mobilising resources for kick starting roll-out, and other support.

But much more needs to be done. Nigeria still suffers from one of the worst maternal mortality rates in the world; in fact, six women die every hour in Nigeria from birth-related complications. This is why members of the Global Partnership for Maternal, Newborn and Child Health met with Nigeria's top government functionaries, including the Honorable Minister of Health and the Governor of Niger state,

Women waiting at Suleja General Hospital, Minna, Nigeria.

An infant at Suleja General Hospital, Minna, Nigeria.

to discuss the growing need for a more effective implementation of a national maternal and child health care policy in Nigeria.

Following the Partnership's advocacy tour, the Nigerian Federal Ministry of Health held a week-long orientation and planning workshop for selected stakeholders and partners on their roles in rolling out the IMNCH strategy. Development Communications Network will coordinate the media efforts behind Nigeria's Maternal, Newborn and Child Health partnership over the next following months.

To learn more about the Integrated Maternal, Newborn and Child Health Strategy in Nigeria, please visit www.who.int/pmnch/en.

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Practices in the dark: Unsafe abortion in Nigeria

Imagine you're traveling down a dark alley in Lagos. The road is uneven; potholes and open gutters seem to cover every step. Grilled suya and plantain drifts into the air from cluttered street stands, and high life music mixes with hip- hop in the city's medley of car horns. The only light to guide you comes from amber flames lit in tin trashcans, and you stretch your arms out in front of you with each step, feeling for anything you may not see in the dark.

Many young Nigerian girls keep their pregnancies secret.

Now imagine that a young girl is crouched behind a cement wall, not five feet away from you. You don't see her, but she's there. In her hands are a small hanger and a pair of knitting needles. She's about to perform surgery. Armed with nothing but a pair of sharp objects and a bucket of water, she stabs her uterus and cervix until she nearly faints, unsure of whether she'll live or die. *Today is her fifteenth birthday.*

This is Nigeria's reality. Every day young girls and women perform unsafe abortions on themselves to terminate unwanted pregnancies, and no one notices. Moral and cultural beliefs prevent open dialogue about abortion, and laws prohibiting the procedure unless in order to save a woman's life make it very difficult for women to seek help when faced with an unwanted or accidental pregnancy. Because of this women must turn to private or unlicenced clinics, traditional healers, or themselves to terminate their pregnancy, which often ends with serious medical complications.

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According to the World Health Organization, an unsafe abortion is "a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards, or both." Untrained medical practitioners, incorrect equipment, and unsanitary conditions in developing areas combined with certain laws that restrict abortion as a legal practice can lead to unsafe abortions for such women, resulting in deaths or serious infections that lead to infertility. About 20 million, or approximately half, of the induced abortions each year are estimated to be unsafe. Out of these 20 million, ninety-five percent occur in developing countries like Nigeria.

But most deaths and complications from unsafe abortions are preventable. Abortions performed by trained health care providers with proper equipment, correct technique and sanitary standards are relatively simple and safe. According to the Alan Guttmacher Institute in the United States, the likelihood of women dying as a result of abortion performed with modern

The Partnership's visit to Suleja General Hospital, Minna, Nigeria.

A young village girl.

methods is no more than one per 100,000 procedures. In developing countries, this figure is several hundred times higher. This is due to factors like discrimination against abortion patients, inaccessible services in rural areas, poor medical equipment, and lack of attention to patients' medical, social, and cultural circumstances.

There is hope, however, for Nigerian women who face the uncertainty of an unwanted pregnancy. Many organizations and advocacy groups, such as Centre for Reproductive Rights and World Health Organization, have advocated that abortion procedures be made legal in non-emergency situations, to avoid women visiting non-licensed medical practitioners and putting themselves at risk of illness or death. These organizations demand that abortion delivery be improved around the world, and recommend the use of manual vacuum aspirations for treatment of complications, that health care providers should be trained in the use of MVA, and that post abortion care services should be established throughout to offer contraceptive counseling and services to women who've had an abortion.

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Married at seven: Stories from Nigeria's child brides

"I was married at the age of seven. My husband was much older than me. He waited until I was nine years old to have intercourse. It was very difficult. He passed away when I was 12 years old. I was pregnant at the time, but lost the baby after a difficult labor, which went on for days. I do not want to re-marry. I do not want any man to come near me."
-Amina, a child bride

Amina is one in thousands that has such a story. Around 15 million young women between the ages of 15 and 19 give birth annually, accounting for more than 10 per cent of the babies born worldwide. Because adolescent females are not yet fully developed emotionally and physically, pregnancy and childbirth are often life threatening and the outcomes for their newborns are much worse than for older women.

The impact of early marriage is tremendous on women and their families worldwide. Besides the number of health issues associated to early marriage such as fistula or maternal death, child bridges are typically deprived of an education, and thus condemned to a lifetime of dependence on her husband and his family.

A young mother and her baby girl.

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More than one third (35 per cent) of Nigerian women experience their first pregnancy by the age of 19 or below (10 per cent have their first pregnancy by age 16).

The early age of marriage, especially in certain parts of Nigeria, puts these girls at great risk. The earlier a girl is married, the earlier she starts having children. The earlier she starts getting pregnant without a fully developed body and reproductive system, the higher her risk of dying with the pregnancy or from birth complications. Many of these young mothers, due to natural ignorance, cannot decipher and alert others of the signs and symptoms of pregnancy malfunctioning and/or labour complications. These often lead to help getting to them when its too late.

A mother looks happily to her baby girl: but what of those mothers who are only children themselves?

A young Fulani bride.

Many of these women die in the prime period of their lives; the last glimpse of life being that of pain and great distress: from hemorrhage, convulsions, obstructed labour, or severe infection after delivery or unsafe abortion.

Research findings indicate that younger adolescents have a higher risk of delivering babies with low birth weight and delivering prematurely than older adolescents and persons who are 20 to 34. One study suggested that adolescent mothers are less likely to stimulate their infant through affectionate behaviours such as touch, smiling, and verbal communication.

To learn more about child brides in Nigeria, please visit Population Council's website at www.popcouncil.org.

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It's a Boy!... But she died

Somewhere in a rural Nigeria...Zeinab had been pregnant six times within eight years, and had given birth to six girls. Though they had decided not to have another child, they felt they could not afford to see a family planning method just yet. During the time her husband was putting aside money so she could go and obtain a contraceptive method, she became pregnant for the seventh time.

The pregnancy proceeded normally, but when she went for her first and only visit to the village health post, the local nurse's aide told her she was anemic and recommended that she take iron supplements.

Late one night, Zeinab began to feel abdominal pains and thought it was time to give birth, though the pain seemed different.

By dawn, eight hours later, the baby was still not coming out and she started to bleed. A local birth attendant was summoned who administered some herbal medications for the bleeding and attempted to manually manipulate the baby.

By then Zeinab's husband was terrified, and gathered his savings to get a vehicle to take her to a health centre. Finally, at 1:00 in the afternoon, Zeinab's husband managed to hail a truck to transport his wife. They arrived at the health centre, but had to wait for a doctor to eventually deliver her of a baby boy.

Mothers at Suleja General Hospital, Minna, Nigeria.

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However, the arrival of the baby boy rather than kickstart a phase of joy for the family, began what seemed an endless moment of grief. Zeinab began to hemorrhage shortly after child birth. There was no blood available for a transfusion, and Zeinab died.

This scenario depicts the social and health situations that give rise to the high maternal mortality rate in Nigeria. Lack of decision-making power and insufficient access to resources prevent women from making the strategic decision to seek medical help at the point where it can determine if she or her baby dies or lives. Often male members of the family, who largely control the resources, make these decisions. This underscores the importance of male involvement to ensure that resources are available to women in need. Effective male involvement will ensure that childbearing is made safer for mother and child.

Lack of resources is another reason why women fail to use available health facilities. 67 % of Nigeria's population lives below poverty line, and bills for hospital treatment do not rank high for families, especially where traditional birth attendants are available. Low use of contraceptive contributes to high fertility rates thus increasing the risk for mother and child.

Though family planning awareness is increasing, contraceptive use is still low. Place of delivery and the quality of maternal health care have a significant impact on maternal mortality.

A baby reaches for his mother.

At present only 37 per cent of births take place in a health facility though the figure varies slightly in different regions of the country.

Malaria is known to predispose women to anemia, low birthrate babies, spontaneous abortions and premature deliveries while HIV/AIDS make them vulnerable to opportunistic infections besides passing the virus to their babies during pregnancy, delivery and/or through breast feeding.

The goal of the Reproductive Health (RH) Policy is to create an environment for appropriate action and provide the necessary impetus and guidance to national and local incentives in all areas of RH. In this regard, greater attention shall be paid to reducing high maternal mortality through effective antenatal, prenatal, and neonatal care, delivery, post-natal and breast feeding programs. The overall goal of the Reproductive Health Policy are laudable but the issue at stake is how effective have the policy strategies to achieving this goal been?

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Domestic abuse spurs maternal and child deaths

While the level of violence against Nigerian women in the home remains poorly mapped, pilot studies conclude it is "shockingly high".

According to the Amnesty International 2005 Report on Violence Against Women in Nigeria, one-third of women in the country are believed to have experienced sexual, psychological and physical violence in the family.

In Lagos state, up to two-thirds of women in certain communities are believed to have experienced physical, sexual or psychological violence in the family, and in other areas, around 50 percent of women say they are victims to domestic violence. The study concluded that such violence was not documented in Nigeria because of widespread tolerance of violence against women.

"Once a woman is married, she is expected to endure whatever she meets in her matrimonial home," according to information released by Amnesty International.

A mother holds her children close in Northern Nigeria

But the consequence of hushing domestic violence is enormous. Researchers have found that abused women tend not to use family planning services, even if readily available, for fear of reprisals from husbands.

Women in Nigeria often hide their contraceptive pills because they are terrified of the consequences should their husbands discover that they no longer control their wives' fertility. As a result many abused women have unwanted pregnancies resulting in unsafe abortions.

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Advancing maternal and child health through human rights

A smiling Nigerian girl: what does the future hold for her?

The right to life is the most obvious right that could be applied to protect a woman at risk of dying in childbirth due to lack of obstetric care. Given the magnitude of an estimated 1,400 maternal deaths worldwide each day, it is remarkable that so few legal proceedings have made their way into national courts to require that governments take all appropriate measures to identify the causes of maternal mortality.

This is due in part to families and communities in which women have died of pregnancy-related causes, not understanding how governmental neglect of the conditions in which they bear pregnancies and give birth violates their right to life. Effective protection of the right to life requires that positive measures be taken that ensure access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. Positive measures might include progressive steps taken to ensure an increasing rate of births are assisted by skilled attendants.

If governments and agencies which administer health services fail to provide conditions necessary for safe motherhood, they are accountable for violations of women's right to liberty and security of the person, and must take all appropriate steps to prevent and remedy the situation.

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