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MATERNAL MORTALITY: THE CHALLENGE NIGERIA MDGs 2015 TARGET FACE

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ABSTRACT

Nigeria is one of the 147 signatories during the United Nations Millennium summit in September 2000. The study examined maternal mortality as serious challenge MDGs 2015 face in Nigeria. Nigeria is still facing a high rate of maternal mortality. Thus, making the attainment of the goals seem unlikely. There are many factors that could lead to maternal mortality. This paper focused on poor health facilities, poverty, socio-economic, illiteracy, unhealthy cultural believes and values and to a lesser extend malaria. The paper proffer suggestions and recommendation on how best to improve on maternal mortality

INTRODUCTION

Maternal Mortality death is defined by the World Health Organization (WHO, 1979) as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the size of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. The rights of woman to control their own fertility, receive care in pregnancy and enjoy successful birth is still denied to millions of women. This is reflected in the number of women who die at child birth or who are severally injured in the process. In developing world like ours (Nigeria) childbirth remains one of the leading causes of death in females between the ages of 14-45 World Health Organization (WHO, 1989). The WHO estimates that there are 500, 000 maternal mortality death worldwide each year. WHO (1986) stated that 95% maternal death occurs in developing countries, of which 65% is in sub-Saharan Africa. The maternal death rate collected from hospitals records from various countries revealed that Nigeria has the highest rate. This tragedy is not only confined to the death of women and mothers but immediately affects the survival

and quality of life of the babies and children left behind. There is also a long term effect on the woman's family and community with the less of her economic productivity, and possibly the disintegration of her family. Until recently this strategy was largely ignored by the people who determine national and international health policies and it was the United Nation Decade for Woman (1976-1985) that put the focus on women's issue. The decade changed the emphasis as the issues of quality and human rights so that the topic of women's health was finally recognized as a central developmental issue. It is seeming very unlikely to attain the MDGs Goals in the face of such high rate of maternal mortality. These unnecessary deaths are all preventable. Unicef (2004) statistic shows that maternal mortality ranging from 730 or more per 100, 000 child birth, it was meaningless in the face of such losses due to maternal deaths, and the devastating fact that most of these deaths and suffering could have been prevented.

CONCEPT OF MILLENNIUM DEVELOPMENT GOALS (MDGS).

The United Nations (UN) millennium declaration was adopted in September, 2000 at the largest ever gathering of heads of states (Igbuzor 2006). Development, according to Oxford advanced learner's Dictionary 1999 is the gradual growth of economic and technology so that it becomes more advanced, strong. The issue of development has worried the attention of politicians, national and international organizations, scholars' workers and significant others with an increased tempo particularly in the last decade. There is a general consensus world-wide that development will bring about good change, manifest in increase capacity of people to have materials assets, food, shelter, cloth, employment gender equality, peace, education, health, politic, and economic independence. This is why people have argued that development is to improve people's quality of lives by expanding their choice freedom and dignity (Igbuzor 2006).

The eight goals of the MDGs are:

- Eradicate extreme poverty and hunger.
- Achieve universal basic education.
- Promote gender equality
- Reduce child mortality
- Improve maternal health
- Combat AIDs, Malaria, and other diseases
- Encourage environmental sustainability.
- Develop a global partnership for development.

The 189 nations that adopted the millennium declaration in September 2000, have agreed

to put a stock on maternal mortality so as to ensure MDGs 2015 a dream come true.

CONCEPT AND CAUSES OF MATERNAL MORTALITY

Maternal mortality, the death of a woman while pregnant or within forty-two (42) days of termination of pregnant irrespective of the duration, and size of pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or accidental causes. Woman constituted the second largest future resource of any nation. All the committed nations of the world accepted that woman resource is the basic tool for the MDGs. This is so because maternal health as a key-sine-qua non. Health and well-being of mothers have a standing influence on and fundamental to MDGs 2015 target. The rate of maternal mortality will debilitate and will weaken the acceleration of the MDGs 2015 target.

POVERTY

In spite of the appreciable oil price in the last decade, the over whelming majority of the people remained poor, illiterate and diseased. More than 65% of Nigerians live survive on less than one U.S dollar per day. With specific reference to maternal mortality rates of 750 deaths per 100, 000 child birth which is a bad indices of progress, the major causes, however continue to reflect poverty. UNICEF (2009) report revealed that at the peak of oil appreciate-able period maternal mortality profile ratio raised from 704 per 100, 000 child birth to 750 per 100, 000 childbirth of the same country thought to be brimming with affluence. Most of this and other health problems which engulf Nigerians are due to conditions which are easily preventable. Nigerian elites have generally sought political power as a means of advancing their interest. They have used state power to gain access to a share of profitable opportunities and the finance necessary to establish themselves as the bourgeoisie. Championing the cause of and the support of the underclass (woman) must therefore, go beyond the incorporation of neither political populist slogan, nor does the acclaimed support for women welfare hold much substance. The traditional methods of safe delivery have been under attack not only because of its unscientific, unhygienic, unskillful and primitive, it is very exploitative. Undoubtedly these continue to reflect poverty. The vast majority of expectant mothers in our community today live below the poverty line and cannot afford settling medical bills nor eat balanced diet that will improve their immunity and health status (Mallum 2003). This may lead to many complications-absence of medical care, poor maternal nutrition, poor health, poor obstetrical supervision, poor foetus developments, which also elevate maternal mortality. This trend if not checked will be a big obstacle for the 2015 MDGs target especially in Nigeria.

MEDICAL FACILITIES

In developed countries like China, England, U.S.A., France, Germany, Japan to mention but a few, good investment capacity to provide well equipped medical facilities were well positioned. In Nigeria medical facilities were grossly inadequate and poorly equipped. The services provided are focused on ante-natal and maternal child care. Like the hospitals, maternal centers too tend to be poorly equipped and staffed (Obesike, 2006). From big teaching hospitals or general hospital, with poor facilities and poor services very often well-pointed hospitals are put up just for political leverage where actually there is no effective service behind the facades (Lucas 1999).

The maternity home doesn't commensurate with its environment population. Weak referral linkage, poor services, endemic drug shortage are common features of our medical houses (Danga, 2006). With the present population, with uncertain medical houses to meet the yawning and aspiration of our teaming population, the feature of women in this country remains uncertain. The Nigeria's, health care delivery system recently come under heavy attack, as has been identified as one of the worst in the world, since it has the highest number of infant and maternal death, which are still increasing (Rabiu, 2009). The ministry of health lacks the necessary expertise. The Nigerian Medical Association (NMA) (2006) stated that this is not adequately provided for and which according to them, is responsible for brain drain in the country. According to Gilles, (1999) a basic maternal health service is referred to as being simple, effective, integrated, comprehensive, available and readily accessible at reduced price or free of charge at a vast majority. The primary health care (PHC) is a global movement rather than a concrete strategy thus, it has little impact in uplifting the health of the people.

IMPORTANCE OF ANTENATAL CLINIC

- Easy detection of complications and handled quickly and promptly.
- Giving of necessary drugs and good supplement.
- Enlightening the expectant mothers on how best to care for herself and the unborn baby e.g. suitable diet, good personal hygiene, and moderate exercise.
- Educate the parent on the right attitude towards labour.

This implies that good health is an acquirable goal for mothers. To stay well is better than to be well.

SOCIO-CULTURAL VALUES

There are some cultural practice and values, which make child-bearing risky and expose women

to the danger of death. Traditional and cultural values place a high premium on marriage. It is common to find girls who marry at age of 11-12 years in some community. Girls who marry between 12-19years bear more children than those who marry later, and they and their children face higher death rates (Rosenfield, 1989). Under such category, usually they may have contracted pelvis, which is too small to allow vaginal delivery. In the absence of surgical intervention, the results is either death of the baby or both or the mother.

In some society girls are often forced to marry young and in some culture the father husband has complete authority over the women so that even if she becomes ill no one else will take the decision to get help if the man is away (Maher, 1987; Safe Motherhood 1989; Grant 1991). There is a taboo that restricted nutritious food during pregnancy, contributes to a women's poor nutritional status thus leading to anemia during and after her pregnancy. In a situation where socio-cultural values are poor, the environmental condition are harsh (Rural area, Urban Slums) women are disadvantaged, discriminate against through neglect, repression and ignorance (Jeffery et al 1989; Momsen 1981).

Undesirable factors during the parental and even postnatal period may affect and even obstruct the subsequent state of health of the mother (Kwast, 1991). Mothers or women generally need to be cared for even if they are not pregnant for the purpose of improving and maintaining normal health that may pave way for achieving the MDGs. Safe motherhood is affected by shyness. Under shyness, it is a thing of pride for a girl to deliver alone her first pregnancy in her parents, home. Issues relating to sex and child bearing are considered as taboos to be discussed, the vast majority of our Traditional Birth Attendants (TBAs) depend on the skill passed down from generation to generation, sometimes, practicing under unsanitary conditions which expose their clients to infection e.g. puerperal sepsis.

ILLITERACY/IGNORANCE

There is no tool for development more effective than the education of girls' future mothers (Annan, 2004). The old adage said that "ignorance is a disease" many women especially in rural areas deformed themselves or died through ignorance. There is high level of illiteracy among women. There are cultural practices which encourages male education more than female. Educating a man, is to educate an individual but educating a woman, is to educate a nation.

Ignorance on maternal pre-natal care has led to several maternal mortalities. This is no small measure affect the MDGs adversely. The expectant mother and her relatives know very little on maternal issues and where to direct their problems. Several of them believed in destiny which is of which there is no option. Education and promotion of gender equality empowerment

women are critical to improving maternal health.

MALARIA

According to Sola (1989) pregnant women are more prone to malaria i.e. pregnant woman attract more mosquitoes. Available evidence in health research show an un-abating trend in maternal mortality due to malaria. About 65% of Nigerians populations are victims of malaria attack each year most vulnerable of which are pregnant women (WHO 2003). The roll back malaria, Federal Government strategy to flush out malaria out of the country doesn't hold substances. The statistic given by the Health Ministry revealed that malaria is responsible for every one in four deaths among children under five (5) and 1 in 10 deaths among pregnant women (Rabiu, 2009). According to (Ajayi, 1980) mosquito's saliva contains sporozoite. The sporozoite having penetrated into human body are taken up by blood stream and carried to the liver. The infected liver cells then rupture and the parasites are liberated. The effect of malaria on pregnancy according to Ajayi (1980), Coid (1977) and Anderson (1981) are hype prexia which may lead to abortion, intra-uterine death of foetus and premature labour, anaemia, general debility, and transplacental infection may lead to death. Scourge of malaria is severe and devastating. This will inevitably have its adverse effect on the attainment of MDGs 2015 target.

THE CHALLENGE

It is recognized that the health of mothers contributes immensely to the MDGs 2015 target. That is why goal No.5 hinges on improving maternal health. For the MDGs to succeed human resource must be focused by the duty-bearer hence improving maternal health policy must be pursue with determination. Researchers in the field of early childhood education view the parents as an integral part of the early childhood education process. If a young child doesn't receive sufficient parental interaction and stimulus during this crucial period, the child may be left with a developmental deficit that hampers his or her success in life (Peralta, 2004). A child who lost her mother in maternal death, may eventually lack parental educational support. This will frivolously affect the MDGs. Though Government initiated a number of policy frame work directed at reducing maternal death by three-quarter by 2015, much of our dismay maternal deaths was refused to come down, from the ever riding graph (UNICEF, 2009). If one considers the impact of maternal deaths on the Nigeria MDGs 2015 target, maternal death represent one of the tragedy exerting high obstacle on the MDGs target. Maternal death has become a problem to be tackled by all and sundry. As quoted above, maternal deaths are responsible for 500, 000

mothers worldwide. Of this number 65% in sub-Saharan African. This trend will no doubt hamper the attainment of the MDGs target. In order to overcome this problem, a strong emphasis on health education to create awareness among women and take informal decision about their health and strong political will and sustained effort as suggested by the MDGs 2005 report, must be pursued with vigor. Government should implement the 15% of its annual budget on health sectors. This will help setting up comprehensive health centers, well equipped, where drugs will be available and affordable. Medical officers should be more motivated to perform their duties diligently and effectively. One will be surprised to hear that there are 17.5m orphans in Nigeria of which maternal deaths is one of the strong factors. These orphans are exposed to neglect, violence, exploitation and all forms of abuse. If human faces are needed in MDGs 2015 target with this trend the MDGs target is at stake.

CONCLUSION

The problem of development is a global issue and the MDGs is a response by world leaders. The leaders provide a platform to engage the process. In Nigeria the situation is a challenge perhaps owing to a poor political responsiveness. In order to achieve the MDGs goals Nigeria should formulate and implement vigorously policies that will meet the 2015 target.

RECOMMENDATIONS

The following recommendations are made:

- Government pranksters should be stooped
- The basic maternal health care be made available in all communities free of charge
- Funds be made available for health sector which should be judiciously spent on health matters only.
- Government should use all its available means to enlighten the general public on the dangers of early marriage. Traditional, religions, politicians must be involved in the crusade.
- NGO should assist government in donating fund, drugs etc. to maternal houses.
- Free education for girls from primary-secondary level be provided.
  Free medication for all pregnant mothers should be implemented.

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