LWATI: A Journal of Contemporary Research, 7(1), 283-291, 2010
ISSN: 1813-2227

National Health Policy and Maternal Health: The Vulnerable Population in Nigeria

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ABSTRACT

The real wealth of any nation is its people; therefore governments all over the world invest in the health care sector in order to have a healthy population which will enhance the accumulation of wealth for economic development. The Nigeria government put in place a health policy to cater for health of its citizen Maternal health healthcare was prioritized because of the important role females play in the reproduction of the population..There are however inadequate adolescent health care services despite their being part of the female reproductive group. This is evidence by their higher rate of mortality and their children. This study therefore identified those special reproductive health care services needed by adolescents. And suggested that policy makers and health care providers should put in place policies that are adolescents friendly in particular because adolescents have special material health need due to their physiology and experience which may not be ready for child bearing as at the time they stared.

INTRODUCTION

The real wealth of any nation is its people. Development processes therefore aim at creating an enabling environment for its people to enjoy health and creative lives. This is undertaken through the use of national population policy and in particular the health services for all citizen.

The worsening living standards during the oil boom of the 1080s coupled with a persistently high population growth rate of 3.0% per annum and total fertility rate of 5.8%, prompted a review of the national population policy in Nigeria. The policy now includes specific demographic objectives of reducing population growth rate with female of the reproductive age group of 15-49 years as the target population. This is in view of the fact that these groups play a very crucial function in the production of its population And are therefore believed to be responsible for the high population growth. .These same group often die at child birth.

The position of women as dictated by the gender stratification system existing in many African societies, Nigeria inclusive, placed female in a position whereby many of them have very-little control over their reproductive roles or their own health and that of their children .In addition female often face discrimination in health and other obstacles in accessing health care. For instance political and cultural barriers limits adolescents' access to family planning especially the young and adolescents. In some countries unmarried adolescents are denied access to family planning services based on the assumption that such access will promote promiscuity. Yet about 40% of girls in the less developed countries give birth before age 20 However the survival of the family, the community and progress of any nation depends on the health of its women. In other words maternal and child health status is a good indicator of the health care services of any nation. Hence the maintenance of a healthy reproductive organ during and long after completing nature's fundamental function of reproduction, is in the best interest of the human race.

The need to maintain a healthy reproductive organ of women in particular is due to the negative effects of not doing so on women and the society at large. For instance, the death of a mother is adduced to be responsible for about 50% of infant, under five and child mortality in developing countries (World Bank, 1998). The under five mortality in Nigeria is 140/00(Nigeria Demographic and Health Survey,1999). Also according to World Health Organization (2001) women suffer injuries during child especially in developing countries. Such injuries pelvic inflammatory disease ruptured uterus and damage to the reproductive tract all of which can lead to complications if not repaired. At least 1,600 women die everyday from complications during pregnancy and childbirth with 90% of these deaths occurring in the developing countries (Luthra,2005).Also
15 million women annually suffer from long-term complications and injuries during pregnancy and child birth (World Health Organization, 2002).

Maternal deaths are strongly associated with substandard health services and a lack of medical care during and immediately after childbirth. Hence maternal and child health status is a good indicator of health care services in any nation. UNNCEF (2001) confirming this assertion, reported that only about 31% of pregnant women were attended to by trained health personnel, only 29% pregnant women were immunized against tetanus and about 112 infants in Nigeria die annually due to poor antenatal care.

Participants at the 1995 United Nations International Conference on Population and Development, Cairo in realizing this situation of women especially in developing countries, made a collective commitment to improve women's status and to make family planning and other reproductive health services universally available in developing countries by the year 2015. The emphasis is on reproductive health because it was realized that 25.50% of treatable or preventable diseases among women age 15-49 years are related to reproduction in terms of unsafe abortion and child birth.

The Nigeria government in realizing that maternal mortality is an important measure of a nation's health care performance or status, put in place a national health policy to solve the problems of maternal mortality infant and the less than five child mortality. Specific demography objectives to extend coverage of family planning services to half of all women of child bearing age by 1995 and in 80% by 2000 were adopted. The strategies adopted to achieve these objectives include.

1. The provision of family planning services that are easily affordable, safe and culturally acceptable.
2. Increase age at first marriage in order to reduce total fertility rate
3. Promote population education
4. Integrate family planning services with anti- natal and child bearing services
5. Improve the status of women through education and economic empowerment.

AIM AND OBJECTIVES

Women of the reproductive age are made up of the adolescent 10-24 years, adult 25-49 years and too old 49+ years but still giving birth. This research work is aimed at explaining the relationship between maternal and child mortality and maternal reproductive health ,highlight/identify problem areas and proffer solutions to them The following objective are to be pursued to achieve this aim.

1. Identify the age specific reproductive health needs
2. Identify factors responsible for continuous high maternal and child mortality rate.
3. Identify the age specific reproductive health problems of the various categories.
4. Highlight the success level of the maternal health policy according to the set goals.

Suggestions will be made from the findings of this research on how to improve the maternal health status and reduce infant and under five mortality rates. Since children are important assets to any nations, attempt at ensuring their survival cannot be over emphasized.

METHODOLOGY

Sources and types of data required

The main source of data for this research is secondary. Therefore relevant documents are sources from Population and Demographic Data from Nigeria National Population Documents, Population Reference Bureau of United Nation, World Health Organization data sheets on demographic characteristics etc.

Method of Data Analysis

This research work is basically an evaluation of Nigerian Health Policy particularly the aspect of maternal health. Hence descriptive statistical analysis and percentages were used to explain maternal health care and national health care services.

Discussion

The International Conference on Population and Development (ICPD) program of action defined the productive health as a state of complete physical mental and social reproductive well being. In order words men and women are well informed of and have access to safe, effective, affordable and acceptable method of fertility regulation. Consequently, they be able to have responsible, fulfilling and safe sexual life. Child care in infancy, child growth as well as in adulthood especially with the reproductive ages are inclusive (UNFPA 1997). Reproductive health is also not only about preventing and treating diseases but also about supporting normal functions of child bearing and child birth. In addition it is also about reducing the adverse outcome of pregnancy matter like disability. Abortion, miscarriage, still birth and death. In a nut shell, reproductive health is a life enhancing process on how to nurture them in the face of adversities such as gender discrimination, inequalities, exploitation, conflicts and economic disruption (Bulletin of World Health Organization 1999).

Age-Specific Reproductive Characteristics

Earlier policies on maternal and child health services were overwhelmingly oriented towards child health and neglected mothers health (Rosenfilt 1985). Thus infant and child mortality still remained high because the death of a mother could lead to stunted growth, under weight or even premature death of the children. This implies that the health status of a mother is very much related t child health status. Consequently by the mid 1980s, safe motherhood was identified as a serious health development and maternal health was accepted as a human right issue.

Women of child bearing age however are not homogenous. They include the adolescents, the adults and the too old for child bearing but still reproducing. All these categories of female have unique reproductive health needs which are not adequately met by the present maternal health care of the Nigerian health care system. This is evidence by their age specific maternal mortality rates and morbidity. The adolescent for instances are twice as likely to die from pregnancy related causes as are women in their 20s (UNICEF 1998). Also adolescents are less likely able to protect themselves from unwanted pregnancies and sexually transmitted and infections (STI) diseases than are older people. Adolescents are particularly vulnerable to malaria during pregnancies which is responsible for anemia in pregnancies.

Also adolescents have difficult labour, vesicus- virgina- fistula (vvf), drop foot and still birth. In many cases they lack legal social and economic resources necessary to obtain family planning and other reproductive health services. For instances only about 26% of women below 20 years are attended to by skilled personnel during child birth also only 27% of single girls below 20 years that are single but sexually active are using modern contraceptives compared to 51% of women aged 20 years and above though single but sexually active (Population Reference. Bureau 2006).

Age of mother at birth is critical to maternal and child survival. On the average about 40% of women in less developed countries give birth before age 20.For Nigeria, the figure is about 27% and another 13% that are expected to give before the end of year 2006 (Population Reference Bureau, 2006) Children are at high risk of dying, if mothers are below 20 years. For instance in Nigeria infant mortality of mothers below age 20 is 159 per 1000 life- births compared to 122 per 1000 of mothers above 20 years. Also mothers too old for child bearing, age 49+ have higher infant mortality of about 23% (National Population Commission, 1999). This is due to the fact that child survival in the first six years of life depends on breast feeding for the first six months. This because breast milk is the ideal nourishment which enhances a child's prospect of survival, thriving and speeds cognitive development .It also boost infants immunity against commonly fatal diarrheal, dehydration, respiratory infections and other ailments that easily kills these children. In addition children born by adolescents often have low birth weight, premature babies and high infant morbidity (Newcome, et al 1997). Child risk measurement(CRM) is an attempt to capture some of the risks a child faces until the age 18.For children in sub- Saharan Africa it is high 61% and 57% for Nigeria(The Progress of Nations,1999). Among the five factors used to measure CRM is under five mortality and moderate to severe under weight and primary school attendance

Things have changed especially for the adolescents than their parents. They are now more educated, healthier and more urbanized. Due to their good health and modernization, the onset of puberty is occurring earlier for them. Consequently the adolescents have longer period of life time during which they are sexually active. About 28% of female adolescent and unmarried have had sex before age 20 compared to 24% for their male counterpart. Also about 33% adolescents are getting married before age 20 and therefore recording higher fertility of about 5.9 in Nigeria (Population Reference Bureau 2006). Their body however may just be capable of reproducing but their social psychological dimension may not yet be matured to undertake childbearing. Consequently, the proportion of female adolescent with STI or pregnancy related problems are on the increase 22% with HIV (United Nation Children Education Fund, 1998).

One of the National policy thrust of increasing age at first marriage in order to reduce period of sexuality and fertility recorded a little success by increasing age at first marriage from 18 to19 years. Yet their fertility is still high 5.9 (population Reference Bureau, 2006). This could be due to

modernization on which lead to breakdown of traditions and exposure to information. Increased premarital sex among adolescent has increased. For instance about 28% of young women below 20 years in Nigeria have had sexual experience (Population Reference Bureau, 2006). Such practices therefore, expose them to high risk of unintended pregnancies, unsafe abortion, births outside of marriage and STI's including HIV/AIDS (Population Reference Bureau, 1997).

Unsafe abortions which are sometimes self-induced can result in severe illness, infertility and death. Complications from unsafe abortions are leading causes of deaths among teenagers in some countries (Senderowitz, 1990). In many cases these adolescents lack the legal social and economic resources necessary to obtain family planning and other reproductive health services. Many of them therefore engaged in unsafe abortion. Where safe abortion exist access is often restricted for teenage girls. This is evidence by the low proportion (27%) of single but sexually active women below 20 years using modern contraceptives.

The maternal aspect of Nigeria's health policy assumes that all women in the reproductive age group are married As such, most of the youth reproductive health programs, are geared towards young people engaged in consensual sex. However in many countries young women are under strong social and pear group pressure to engage in premarital sex which may not be consensual but sexual abuse. Such young women are at high risk of unintended pregnancies, physical injury and psychological trauma. Heise et al (1998) in their studies confirmed this assertion by adding that young people that are sexually abused are more likely to engage in high – risk sexual behaviors than those who have not been abused.

Adolescent nonconsensual sex has not adequately received the needed attention even though at the 1999 ICPD, adolescents were identified as being vulnerable and that their reproductive health is of critical importance. Female adolescence reproductive health and sexuality has to be handled in a way that is safe and socially acceptable. This is because young people's needs vary tremendously depending on their stage of life-puberty, adolescent and early adulthood and in the context of the community or society in which they live. This because adolescent, especially female, operate under different socio-cultural situations. As such their experience varies within and between nations. Thus generalization about young people in order to improve on the reproductive health care particularly in Nigeria, may not solve problem.

CONCLUSION AND RECOMMENDATIONS

Most birth in less developed countries(60%) occur outside health facilities. Births at home are not necessarily unsafe, if a women's family and the traditional birth attendants can recognize the signs of complication during labor and delivery and if complication occurs, they can move quickly to a facility where she can obtain adequate care. In this vein traditional birth

attendants who are members of the community could be trained to identify the signs of complication in pregnancies and what to do in such a situation.

Maternal death are strongly associated with substandard health services and a lack of medical care during and immediately after birth. Effort should therefore be made to improve the standard of existing health care services in order to avoid such death.

Young people form the largest proportion of Nigeria's population. They however face economic, social, political and cultural barrier. Efforts should be made to remove such barriers for youth to be able to contribute their own quota to the nation's development. In Nigeria, for now, there is no specific stated law and available policy on all the reproductive issue and right. There is need to change the socio-cultural perception of the female reproductive organ as one that is only useful for conception and personal satisfactions of men. This can be done through the provision of health education to adolescents both male and female. Such education should include information on sexuality responsible sexual behavior, reproduction, voluntary abstinence, family planning and consequences of unsafe abortion.

Early child bearing among adolescents has come to be recognized as a social problem because of the undesirable consequences for the young women, the child and the society at large (United Nations Children Education Fund, 2001). All over the world, pregnancy related conditions are leading causes of high death rate among women age 15-19 (World Health Organization, 1998). Therefore there is need for policy and health providers to remove the legal institutional barriers that keep young people from using existing family planning and reproductive health service. Health services should be adolescent friendly by ensuring confidentiality privacy and the high quality information necessary for informed consents. Youth should be involved from the program design level. Such an approach will help to accommodate the unique need of adolescents and young adult. Like ensuring post abortion health care services and have access to essential obstetric care.

Meeting the needs of youth today is critical for a wider range of policies and programs because the action of the young people today would shape the size, health and prosperity of the world's population.

Opportunities for women's education and economic empowerment should be increased and accessible. This would not only increase their age at marriage but will enhance the bringing up of quality children. Because an educated women would be encouraged to space her children, ensure balance diet and healthy environment for the family and the children in particular.

In conclusion implementing a safe motherhood program requires commitment from public and private health care services providers as well as from leaders at the community level. A lack of political commitment at either the national or local level can under score efforts to strengthen safe motherhood.

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