Commentary

Motherhood in Nigeria: Still Unsafe

Nigeria is the most populous country in Africa, with a population of 132 million by mid-2005[1]. Her reproductive health indices, however, ranks among the poorest in the world. Since the launching of the "Safe Motherhood Initiative (SMI), Nigeria" in September 1990, overwhelming evidence suggests a trend towards an increasing rate of maternal mortality. Maternal mortality climbed from 600 per 100.000 in 1987 to 1000 per 100,000 in 2000 and now, it is 1500 per 100,000 livebirths[2].

Nigeria constitutes 1.2% of World's population but contributes 10% of the global estimates of maternal deaths[3]. This rate is unacceptably high even by African standard. Institutional figures on maternal mortality rates are staggering and frightening 2101 per 100,000[4] and 3380 per 100,000[5] from two institutions in Nigeria. A comparative study to review maternal mortality rate before and after the launching of SMI in Nigeria suggests that mortality is higher after, than before the launching 1406 versus 270 per 100,000 (a five-fold increase) [6]. Indeed recent data published by UNFPA/UNICEF indicates that Nigeria now has the second highest rate of maternal mortality in the developing world.[2] A review of maternal mortality rates by the Society of Gynaecology and Obstetrics of Nigeria (SOGON) in the six geopolitical zones of Nigeria between 1999 and 2003 showed the mean maternal mortality rate of 2977/100,000 for Cross Rive State, 3380/100,000 for Lagos State and 7523 for Kano State.[7]

These data suggest that the objective of SMI have not really been met. Several factors account for this unsatisfactory state of affairs. Prevention of maternal mortality depends on intervention at the three levels of prevention strategies: Primary, Secondary and tertiary prevention. Primary prevention involves the reduction in un-timed and unwanted pregnancies that place women at risk of death. The gradual breakdown of traditional/moral values by rapid adaptation of western cultures has led to the adoption of a liberalized sexual behaviours in the general population. Unfortunately, this has not been accompanied by an increased usage of contraceptive methods, thereby resulting in a high prevalence of unwanted pregnancies. It is estimated that if family planning services were more widely available up to 42% of maternal deaths could be averted in developing countries[8]. This same survey also revealed that approximately 300 million couples in the reproductive age range did not want more children, but were not using any method of contraception. In Nigeria, only 8-12% of married women actually use modern contraceptive methods[1,9]. Unsafe abortion is currently responsible for 12 26% of maternal deaths in Nigeria[10,11].

At the level of the secondary prevention, antenatal care should be seen as an essential component in the fight against maternal mortality. It is one of the major factors contributing to the reduction of maternal deaths in the industrialized Countries[13]. In Zaria, Nigeria, the maternal mortality rate was 130/100.000 in women who had antenatal care and 2860/100,000 in women who did not have any form of antenatal care[14]. Yet, antenatal coverage in Nigeria is as low as 40%; even in those areas, the quality of services is often less than optimal[2]. The larger proportion of pregnant women still patronize untrained traditional birth attendants during antenatal care and childbirth. Increasingly, pregnant women face considerable barriers in accessing orthodox antenatal care and delivery services throughout the country. These barriers are largely due to poverty at the household level, which makes it impossible for women to access the increasingly expensive orthodox maternity services. Antenatal Care should therefore be emphasized and re-emphasized to our women as an essential component in the management of all pregnancies. Provision of such services free of charge will go along way in making the pregnant mothers present themselves for care. Harrison[14], in his review, concluded that exemption of pregnant women from payment of user fees would go a long way in reducing high maternal mortality rates in Nigeria.

It is increasingly becoming evident that tertiary prevention, the prompt treatment of complications that lead to maternal deaths, holds the key to the reduction of maternal mortality in developing countries[15]. There are palpable inadequacies at the level of the service delivery points- hospitals, health centres and maternities which lead to undue delays in the handling of pregnancy complications. Facilities for emergency obstetric care are virtually non-existent. Ambulance and blood transfusion services are either not available or ill equipped. Thus, deaths from obstetric haemorrhages, obstructed labour and ruptured uterus still top the list as causes of maternal deaths in most hospitals.

Several years after safe motherhood, women still suffer various forms of discrimination and deprivation. Existing laws are not enforced to protect or promote the socio-economic status of women. In some cultures, women are still denied access to good and qualitative education. Domestic violence, female genital mutilation, early, under-aged and forced marriages are still practiced. Too many childbearing is till regarded as a reproductive prowess, with an incentive for the most reproductive women. It is not surprising, therefore, that Nigeria has one of the highest total fertility rates in the world 5-9 children per women.[1] Thus, Nigeria's demographic profile is still typical of a sub-Saharan Africa, where poverty, illiteracy, low status of women, unrestricted sexual behaviour resulting in high population growth rate, harmful traditional practices and poor social amenities combine to nurture reproductive ill-health[16].

Much has been said about Safe Motherhood in the past year but little has been done towards achieving its objectives. In the short-term, provision of health services that are adequate, accessible, available, affordable and user-friendly and development of infrastructural facilities such a good roads, water and transportation, and availability of adequate healthcare providers as well as equipment/structures to take care of emergency obstetrics are areas that need emphasis and urgent attention. In the long term, it is a combination of education, improvement in women's status, career opportunities and full access to family planning information and services that will have the largest impact on maternal mortality. All supporters of Safe Motherhood are called upon to initiate authentic programmes that will enforce these strategies.

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