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 Review Article



# Maternal Mortality and Maternal Health Care in Nigeria: Implications for Socio-Economic Development

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## Abstract

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**BACKGROUND:** Even though maternal mortality, which is a pregnancy-related death is preventable, it has continued to increase in many nations of the world, especially in the African countries of the sub-Saharan regions caused by factors which include a low level of socioeconomic development.

**AIM:** This paper focuses on cogent issues affecting maternal mortality by unpacking its precipitating factors and examining the maternal health care system in Nigeria.

**METHODS:** Contemporary works of literature were reviewed, and the functionalist perspective served as a theoretical guide to examine the interrelated functions of several sectors of the society to the outcome of maternal mortality.

**RESULTS:** It was noted that apart from the medical related causes (direct and indirect) of maternal mortality, certain socio-cultural and socioeconomic factors influence the outcome of pregnancy. Also, a poor health care system, which is a consequent of weak social structure, is a contributing factor.

**CONCLUSION:** As a result, maternal mortality has debilitating effects on the socioeconomic development of any nation. It is therefore pertinent for the government to improve maternal health and eradicate poverty to ensure sustainable development.

## Introduction

Maternal mortality has been on the increase in recent time with detrimental effects on the socioeconomic development of the nation. According to the World Health Organization [1], approximately 830 women die every day from preventable causes related to pregnancy and childbirth. More worrisome is the fact that 99% of all maternal deaths occur in developing countries [1].

Maternal mortality refers to deaths due to complications from pregnancy or childbirth. Even though, the United Nations International Children Emergency Funds [2], reported that from 1990 to 2015, the global maternal mortality ratio declined by 44 per cent – from 385 deaths to 216 deaths per 100,000 live births, according to UN inter-agency estimates. This translates into an average annual rate

of reduction of 2.3 per cent. While impressive, this is less than half the 5.5 per cent annual rate needed to achieve the three-quarters reduction in maternal mortality targeted for 2015 in Millennium Development Goal 5. More worrisome is the fact that maternal mortality, known to be the loss of lives of women in their maternity stage due to pregnancy complication, is classified among preventable deaths [3]. Maternal and infant mortality rates are social indicators used to measure the development of any country, and the situation in Nigeria is of great concern [4]. In spite of resolution and adoption of the Sustainable Development Goals (SDGs), an effort by the United Nations enacted at the end of the Millennium Development Goals (MDGs) timeline in 2015. Part of its major task is the improvement of the health of pregnant and nursing mothers (maternal health) and reducing maternal and child death by 2030 [5]. Despite this global commitment, the loss of women's lives resulting from complications during pregnancy

has been on the increase in most sub-Saharan African countries [3]. In Nigeria for instance, maternal mortality accounts for 59,000 deaths of women annually [6], [7], [8]. Arguably, Nigerian women are 500 times more probable to lose their lives in childbirth when compared to most advanced nations of the world [9]. He further noted that Nigeria is ranked second after India in global maternal incident rate and the worst in Africa. Furthermore, Nigeria's maternal mortality is reported to be 545 per 100,000 births [7], [5]. The prevalence of maternal mortality in Nigeria has become very disturbing as every birth procedure becomes a potential incidence, from the report above, there is at least one case of maternal mortality in every 20 live births. This challenge may not be unconnected to the nation's poor maternal health care system.

Flowing from above, maternal and child mortality is a serious concern to the government and all interested stakeholder, and as such, it has become a vital issue for research. This study, therefore, aimed to unravel the concept of maternal mortality within the Nigerian context, unpack it precipitating factors and bring to the fore the debilitating effects especially in areas of socioeconomic development. The improvement of the maternal healthcare system in Nigeria cannot be overstretched, and it is a vital aspect of sustainable development.

## Conceptual Clarification

### **Maternal mortality**

Maternal mortality refers to any loss of a woman's life resulting from pregnancy complication or death within 42 days after childbirth, notwithstanding the period or site of the pregnancy, emanating from issues that are linked or escalated by the management of the pregnancy but not from accident or incidental factors [10]. There are other known factors aside medical conditions responsible for maternal mortality in Nigeria-these factors include but are not limited to social, economic and cultural factors, which have a direct influence on maternal mortality [11]. Interestingly, maternal mortality in most of the rural areas in Nigeria is caused by other precipitating factors that are non-medical. These factors range from poverty, low level of education or absence of it, prohibited food, low purchasing power and certain harmful cultural beliefs and practices; more so, with the introduction of user charges in state and federal-owned hospitals, high percentage of women, especially in the rural areas, now patronize faith clinics and traditional practitioners as alternative health care [10].

### **Maternal morbidity**

This refers to the disease/illness experienced by pregnant women. Many times, this often results in an inability to function properly and in many situations affects the 'victim's economic, social and fertility roles [12]. In sub-Saharan Africa, the danger of death during pregnancy or childbirth is known as maternal mortality is 175 times higher when compared to other developed nations of the world, and risk for pregnancy-related illnesses and adverse consequences after child delivery is much higher [2]. Suffice to say therefore that when a woman dies from any preventable childbirth complication, a total of 500,000 deaths is recorded per year within the sub-Saharan African region [13], [2].

### **Maternal health care**

This is the overall wellbeing of women at the stage of pregnancy and children below age 5. Maternal healthcare is comprehensive as it includes educational, social, nutritional services as well as medical care during and posts pregnancy. As has been observed, some reasons have been attributed to why many pregnant and nursing mothers chose not to make use of appropriate antenatal and postnatal cares [13]. Some of these reasons can be cultural, hereditarily related to the social, economic and political developments. This implies that both the natural environment-biological-and the social environment perform powerful and critical functions in healthcare utilisation behaviour of women across most African societies. Cultural factors, therefore, are a major determining factor influencing health care utilisation behaviour of pregnant women in Nigeria [13].

### **Theoretical framework**

This paper will be guided by the functionalist theory. The theory supports the fact that for a successful pregnancy/maternal outcome, there must be a conscious working together of all the interrelated stages of pregnancy ranging from family planning, pregnancy, delivery to the postpartum days. Also, the need for a good maternal health care system in ensuring a positive outcome of pregnancy is very important.

### **Functionalist theory**

The general assumptions of the functionalist view hinge on the fact "that society can be explained as a whole unto itself" [14]. To the classical theorists like Comte, Spencer, and Durkheim, human society is likened to an organism that has different but interrelated parts with a functional prerequisite for adaptation and survival. So for a society to survive, the different parts (social institutions) must work and

adapt to each other. The functionalists perspective are more refined in their thinking as they attempt to view the society as a system with interconnected and interrelated structures which form a whole indicating that the existence of the societies requires that specific aspects of the social world must work in tandem for the smooth running of the society [14].

Notable among these contributions is the work of Talcott Parsons which has left an indelible mark in the area of sociological thinking [14]. Parsons attempted to build concepts that would assist in the organisation of the perceptions of the social world. In his analysis, any society or social system has four basic requirements namely Adaptation, Goal attainment, Integration and Latency with the acronym (AGIL). First among the functional prerequisites is an adaptation which refers to the association between the social system and its environs. It is worthy to note that for the society to stay alive, social systems must have some measures of control mechanism over their environs. Food, clothing and housing must be available to meet the physical and social prerequisites of citizens in the society. The second functional prerequisite, Goal attainment refers to the need for all members in the social order to set goals towards the direction of social events. The responsibilities of governments are not only to set objectives but also to assign resources to accomplish them. In a nutshell, the financial or monetary status is controlled and directed by rules and regulations passed by the governments. The third functional prerequisites, Integration refers to the bringing together and joint adjustments of the societal systems.

A typical example is when conflict arises, it is settled by the judicial system thereby not leading to the dissolution of the social system. The fourth functional prerequisites, Latency meaning the constant upkeep of values, norms established in the social world. Social organisations that execute these responsibilities consist of the educational system, religion and the family [15].

The functional prerequisites of a social system are connected to social and cultural imperatives. Also, the complexity of social institutions under the rubric of the process of socialisation exhibits the integrative responsibilities of the social system. Meanwhile, the values and norms serve to motivate social action grouped as part of the cultural system.

### ***Theoretical imperatives and the state of maternal healthcare in Nigeria***

Flowing from the above, maternal mortality and maternal health care can be understood about pregnancy outcome and maternal health care in Nigeria. Pregnancy outcomes in women are a result of numerous aspects ranging from cultural, social and economic. Also, the reproductive period of women is a function of different but related activities-biological and

socio-cultural. For instance, every stage of pregnancy must be well planned and require adequate attention to avoid pregnancy complications before, during and after birth. As noted by the functionalist view, failure at any stage of the pregnancy may affect the outcome of the pregnancy. If there is no proper family planning, this might lead to unwanted pregnancy, and abortion may be considered which may terminate the life of the woman. Also, the health care sector is a major component of maternal well-being of women of childbearing age. A good health care system will promote maternal health thereby reducing maternal mortality. This position is supported by [16], in his estimation of maternal death in Nigeria; over 70 per cent of its causes were linked to five main pregnancy difficulties: infection, haemorrhage, obstructed labour, unsafe abortion and hypertensive disease of pregnancy. In Nigeria, poor access to healthcare facilities and under-utilisation of effective and efficient reproductive healthcare services significantly contribute to the high level of maternal mortality [16].

In the view of Akokuwebe and Okafor (2016), the Nigerian health sector is confronted with the most daunting crisis of maternal morbidity, during pregnancy and post-delivery. With government spending about 70 per cent to 80 per cent of the nation's available resources for healthcare at the point of need of the citizens, the social system cannot perform in a different and better way to deliver better health outcomes. In addressing health care needs and improving the issue of maternal mortality, funds should be available and spent on healthcare delivery at all cost [17]. The key indicator of maternal health is primary healthcare. Among women in Nigeria, the social epidemiology of disease includes but it is not limited to haemorrhage, or complications of childbirth, like postpartum infections. Most of these diseases are highly avoidable. Despite the huge sum of money budgeted or dispensed for health care system in Nigeria, the reality remains that these funds do not get to be used to the purpose for which it was committed and as such the pending challenges within the health care system persist [17]. It is therefore imperative that the healthcare delivery system needs a transformation that will address the inherent corruption that syphon resources meant to lead to efficient and effective delivery of services within the sector. Primary health care should be duplicated most especially in the rural areas of Nigeria to allow pregnant mothers to have access to free health care services or at least, quality and affordable health care services. There is also a need for government to commit more finance into the healthcare system as the current investment in health is minimal compared to other advanced countries of the world [14]. A well-organised health insurance scheme at the community level can increase substantial resources to provide healthcare to women.

## Methods

The secondary was used in work with existing data from the various international health organisations like the WHO, UNICEF, NHDS and so on. This is necessary because of the wider scope of the study.

### **Maternal Health and Women's Reproductive lifecycle**

Women's reproductive period is a very crucial period and spans several stages from the pregnancy, antenatal, childbirth or delivery, postnatal period and family planning stages [4]. It is rightly believed because even though there is an expectation for a positive outcome, many times it results in death. Reproductive/Maternal health indicates that women can go through pregnancy and child delivery safely and that reproduction is carried to a favourable outcome. This however remains a mirage in Nigeria because, the patriarchal system (male domination) expects the man to be adventurous and risky without any recourse to his actions, while the woman bears the brunt of the consequences such as sexually transmitted infections like HIV/AIDS, reasons being that she is in no position to discuss or negotiate the use of condom or family planning methods [4].

Consequently, Nigeria is noted as one of the countries with severe cases of maternal mortality in the world [18]. As posited by Nwokocha (2012), different stages of the women reproductive lifecycle must be given due attention for a smooth pregnancy process. He further proposed modules on different stages of maternal health/reproductive lifecycles. The modules as highlighted by Nwokocha (2012) are at this moment discussed below.

#### **Family Planning**

This module is very crucial to the maternal outcome because it enables the couple to decide some issues. It enables the couple to plan and avoid unplanned pregnancy properly.

#### **Pregnancy**

This module according to Nwokocha (2012) is aimed at establishing the fact that pregnancies are supposed to be planned and not a product of circumstances. Circumstantial pregnancy has been the issue for many illiterate couples, especially those in rural areas of Nigeria and other sub-Saharan Africa countries. This module is programmed not only to emphasise the linkage between family planning and pregnancy but also to highlight individual and household expectations during pregnancy.

### **Antenatal care services**

The focus here is on timely registration for antenatal care, choice of location, accessibility and quality of service. Also, important is the attitude of both the caregiver and care seeker in achieving maternal wellbeing.

#### **Child Delivery**

Irrespective of the seeming experience level about childbearing among women, it is still imperative to further enlighten them on some important but neglected issues around childbirth [19]. Services of certain medical specialist are therefore needed to handle these various issues.

#### **Postnatal period**

After childbirth, many individuals are likely to become complacent towards important postpartum practices may be due to excitement or lack of knowledge of the health implications. It has however been noted that postpartum death contributes largely to maternal death [19].

#### **Beyond postnatal**

According to Nwokocha (2012), breastfeeding, for some women is a form of contraceptives, while for others, it is a different thing entirely. "Therefore, to manage fertility beyond the postpartum period requires insight, perseverance and diligence which should be carefully taught" (Nwokocha, 2012:22). This module involves relevant factors that border on coitus, intake of dietary and avoiding sex without offending your spouse among others.

### **Maternal Health Care in Nigeria**

According to Okeke *et al.*, (2016) Women and their health have largely been influenced by the African traditional culture. Owing to the patriarchal nature of most of these African societies, diverse inequities are being perpetrated against women. "It is not just what is done to women, but what is not done for them" [4]. Maternal health according to [6] is defined as a state of total physical, mental and social wellbeing and not just the nonexistence of illness or infirmity in all issues that has to do with the reproductive age of women. Furthermore, with peculiarity to the African societies, maternal health would include the ability to "exercise reproductive rights of family planning and access to basic focused antenatal care, without the encumbrances of patriarchy, financial or geographical inhibitions impacting on her overall health" [4].

Maternal health care services include an

extensive scope of health services mothers are given before pregnancy, during pregnancy, delivery and post-natal. Maternal health care services, therefore, comprise pre-natal care, childbirth and postnatal care.

However, in Nigeria and other parts of African societies, certain cultural practices continue to affect maternal wellbeing, and by consequent, the children. As noted by Nwokocha (2008) among Ibani people of Rivers State, women are not allowed to come out during certain festivals as doing so will amount to severe punishment, not minding her health condition even when she is pregnant. Also, in the northern part of the country where the purdah system is practised, women's moving about is somehow restricted to prevent them from being seen by other men besides their husbands. This has implications on their maternal health as some will frown at male health practitioners attending to their wife during delivery. They would rather prefer female health practitioners to attend to them. The Oro festival among the Yorubas in the southern part of Nigeria is another cultural activity that impinges on women freedom of movement, especially during emergencies.

Another issue affecting maternal health in Nigeria is the poor state of infrastructure, systemic failure and inability to access health care services especially the rural dwellers. The main challenge facing pregnant and nursing women in Nigeria is that of poor organisation and inability to access maternal health services.

Maternity care in Nigeria is divided into three stages namely primary, secondary and tertiary care levels [19]. Primary healthcare centres are established in all the 774 local government areas of Nigeria. It is expected that pregnant women should receive antenatal care, delivery and postnatal care in the primary health centres closest to them. In case of pregnancy difficulties they are referred to secondary care centres, under the management of state government, or tertiary centres, managed by the federal government [19].

According to Akokuwebe and Okafor (2016), pregnancy-related death is the main most critical health problem that medical practitioners and Nigerians are faced with. Many of the Nigerian populace, especially women who are of the low socioeconomic background are constantly at the verge of being a victim of maternal mortality. This condition makes them prone to sickness, infirmity and in most cases result in death due to their inability to access good health services, especially reproductive health services. It is important for women in their reproductive age to have unhindered access to quality reproductive health services and be empowered to make decisions on issues of family planning [14]. Having unhindered access to comprehensive reproductive health care, will increase women's chances of survival during pregnancy, give them the opportunity of having healthy children and enable

them to have a balanced family and work life.

However, the health care system in Nigeria is bedevilled with the challenges of quality service delivery, poor attitudes of staff to patients, lack of expertise, lack or poor equipment, and shortages of essential drugs. Erratic and epileptic power (electricity) and water supply and the health sector as a whole are in a state of comatose. Nigeria healthcare system was ranked by 187<sup>th</sup> among 190 United Nations member states [1].

According to a study conducted in 2003, it was shown that only 4.2 per cent of public facilities in Nigeria are of internationally acceptable standards for crucial obstetric care [20]. Almost two-thirds of all women in Nigeria deliver outside of health facilities and without medically skilled attendants present [21]. The poor outcome of Nigerian health care is not unconnected with the nation's bad leadership and poor governance. Kleptomania nature of the political system is at its peak, deeply entrenched corruption with a high level of impunity, making developmental goals which encompass the provision of quality and affordable health for Nigerian citizens inconclusive.

### ***Cultural factors influencing maternal mortality***

According to Salami & Taiwo (2012), certain cultural practices have been observed as responsible for incidences of maternal and infant mortality in Nigeria and other parts of the sub-Saharan African societies. In the same vein, Nwokocha (2003) cited in Elem and Nyeche (2016) has discovered in a study conducted among Ibani people in Rivers State on pregnancy outcomes that incidences of maternal mortality rate are on the increase and outcome of pregnancy (which could either be positive or negative) is affected by socio-cultural factors.

For instance, some cultures abhor forbids pregnant mother from eggs and snails consumption which is needed for the supply of nutrients to the mother and baby during pregnancy. This may lead to incidences of high iron-deficiency or anaemia that consequently leads to death if not well managed. Also, women are saddled with numerous tasks of reproduction, home management and community building, among others. They are defined by their reproductive function, coupled with the very many household chores of providing for and keeping the home front. They enjoy no special attention or care during pregnancy which makes many of them tired and experiences fatigue during pregnancy.

However, what is required of maternal mothers at this time are improved nutrition, rest, and focused ante-natal care as well as moral and financial support [4]. Unfortunately, these experiences are very rare for many Nigerian women. Hence maternal mortality has become a public health issue as statistical evidence shows that at every moment, a

woman dies from difficulties of pregnancy, bringing the maternal mortality rate for Nigeria to 3200 per 100,000 live births [7]. It is further stated that these figures are worse in the Northern part of Nigeria, raising the tension that a process, such as pregnancy, can be a life-threatening process [4].

### **Socioeconomic factors influencing maternal mortality**

The social and economic factors affecting maternal mortality are interconnected and interrelated with the financial power of women, inadequate access to wealth and economic resources as well as difficulty in getting well-paid employment. Wealth, especially in terms of finances acquired by women, is spent on the family rather than themselves. The present global economic crises has compounded the plight of many people with increase in the cost of healthcare services and facilities coupled with lack of proper funding of the health sector by government (World Health Organization recommends that 5 per cent of government funding should be for health) but most countries spend 1.5 to 4 per cent [14].

The right to use maternal health services is hooked on quite a lot of factors about responsiveness, social and economic status, socio-cultural philosophies and practices to mention a few [23]. It has been observed that maternal education is significantly associated with fertility and maternal health [24].

In Nigeria, a high percentage of pregnant women do not receive adequate care; this is as a result of lack of services in the residence they live, or inability to afford the services because they are too expensive. A significant proportion of women do not make use of services because they do not like how care is provided or because health services are not delivering high-quality care. Furthermore, cultural philosophies, patriarchal nature of the country and insubordination of women in the society can prevent a pregnant woman from getting the care she needs. To improve the quality of maternal health, gaps in the capacity and quality of health systems and barriers to accessing health services must be identified and tackled at all levels.

### **Effects of maternal mortality on socioeconomic development**

The effects of maternal mortality on socioeconomic development cannot be overemphasised. Maternal mortality which in most cases is as a result of low level of socioeconomic development is also a major factor hindering sustainable development. Maternal mortality remains a major indicator used in measuring the level of development of a society and the performance of the healthcare delivery system [14]. They further posited

that maternal mortality remains the main focus of developmental agenda in sub-Saharan Africa (SSA) countries. The goal is to tackle the causes by adopting a paradigm of development that is more inclusive for sustainable transformation and development. At present, maternal health in Nigeria is incapable of achieving long-lasting development in Nigeria as a result of poverty, massive corruption, misplaced priority, and neo-liberal policies of government leading to social and economic dislocation of families [14]. In finding solutions to fight high maternal mortality in Nigeria, there is a need to provide a framework for development strategies by the government and relevant stakeholders. There is also a need to transform maternal health by eradicating poverty amongst disadvantaged groups in the rural areas and incorporating sustainability considerations. In developing countries, especially in Nigeria, maternal health is a major concern. Without the achievement of maternal health, sustainable development will remain elusive for any country. A high percentage of women in Nigeria who are poor are very vulnerable to illness, disability and even death [3]. This is as a result of lack of access to comprehensive health services, especially reproductive health services. A situation which currently put Nigeria as one of the highest in maternal mortality rates in the developing nations [21].

According to Akokuwebe and Okafor (2016), the implications of poor maternal health and high maternal mortality among others include [14]:

- The failure of Nigeria to meet up with Millenium Development Goals (MDGs) by 2015 in the sustainable and transformation agenda.

- High level in maternal death or maternal health-related concerns, affect women's ability to fully participate in the labour force that will enhance sustainable development.

- High maternal mortality results in low life expectancy in the population pyramid for women in the reproductive age (15-49 years) who are the main drivers of sustainable development in any country.

- Budgetary allocation year-in-year-out to combat maternal health rather than diversifying resources to other sectors for developmental purpose.

- High incidence and prevalence of maternal mortality equal to the high incidence of single parents and orphaned children, which is a threat to sustainable development.

In conclusion, the rates of maternal and infant mortality in Nigeria are high and at an unprecedented height. This is a pressing concern for the nation, and various efforts have being geared towards combating the challenge, but all remain inconclusive. Factors responsible for maternal mortality are mainly cultural and systemic. Also, poverty and lack of education influence the seeking behaviour of rural women. It is therefore important to focus on an overall health reform program that will involve maternal education,

access to health care services and women empowerment which will enable them to make informed decisions on issues relating to their reproductive life.

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