

# Review of the Direct and Indirect Challenges of Mother-Child Health Care System in Nigeria

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**Abstract:** *Study population: This study focused on women who had been pregnant and had given birth to at least one child in Nigeria. Hence, nulliparous women (women with zero births) were excluded. Educational level was defined as “no education”, “primary”, and “secondary/higher”. Religion was grouped as Christians, Islam and other. Data source: The population of interest in these surveys are women between the ages of 14 to 40 years. A survey was also conducted mainly for medical practitioners.*

**Keywords:** pandemic, public health, child health care

## 1. Introduction

The realities of 2019/2020 exposed Nigeria and indeed the world to the poor management and planning in the public healthcare sector of each country. The outbreak of COVID-19 pandemic has given a new meaning to the word “make hay while the sun shines”. Regrettably, Nigeria is one country that failed to plan and prepare for the 20th century healthcare challenges. The public health of any country aims to provide groups of people with the right to be healthy and live in conditions that support good health. Nigeria just like most African countries have continued to neglect the health care sector of the economy. Health policies in Nigeria have undergone tremendous evolution in the past 60 years but without the desirable quality of healthcare delivery system in place to advance the health status of Nigerians.

Nigeria being a three tier state, constitutionally charges each tier with a specific level of responsibility in the health sector. The Local Authorities are responsible for the Primary healthcare which ought to be the management of local dispensaries, environmental sanitation/protection and routine immunization etc.

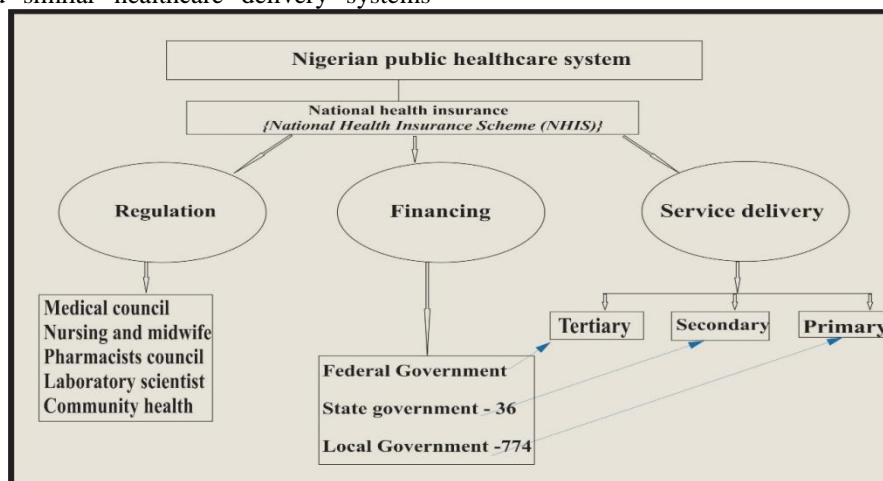
The State Governments are supposed to be responsible for secondary healthcare system i.e. the General Hospitals, Health Centers and similar healthcare delivery systems

while the Federal Government is expected to concentrate its efforts on the tertiary and apex referral institutions such as the National Hospital, the Specialist/Teaching Hospitals and the interventionist Federal Medical Centers

In 1920, C-E.A. Winslow defined public health as “the science and art of preventing disease, prolong life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals”. The mission of public health has always been fulfilling society’s interest in assuring conditions in which people can be healthy. The right to good health care systems requires countries to invest in maternal, reproductive and child health of its citizens. Also, to employ good managers to apply the key public health approach techniques which are: surveillance, risk factor identification, intervention evaluation and finally implementation.

This article attempts to access the mother-child public health challenges in Urban and Rural areas of Nigeria, overview of the problems, trends and strategies for improving and providing quality healthcare to mothers and infants in Nigeria.

## 2. Nigerian Public Health Care System – Mother and Child



**Figure 1:** Schematic layout of Nigerian healthcare system

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The Nigerian health care system fits into the classification of a national health insurance. Nigerian has what is called a National Health Insurance Scheme (NHIS). This was designed to improve access to health care and reduce the financial burdens on Nigerians for health care services. Figure 1.1 shows how healthcare systems can best be classified into three dimensions- regulation, financing and service delivery (Bohm, 2012). The Federal, State and the Local Government retain overall responsibilities for funding healthcare services at their respective levels. In theory, Over 65% of healthcare is provided by private vendors and only 30% by the government. The remaining 5% falls under self-sponsorship of the citizenry. Service delivery may be in the form of traditional, surgical, emergency, elective procedures, mental health services, dental health and preventive health services.

Maternal health care could best be defined as the overall wellbeing of mother and child from pregnancy stage to at least age four (4) to six (6) of a child. The reproductive window of a woman is such that every stage of pregnancy must be well planned and require adequate attention to avoid pregnancy complications before, during and after births. The mother – child health care comprises of education, social services, nutritional services and post pregnancy services. The World Health Organization (WHO) estimated that the Maternal Mortality Ratio (MMR) in Nigeria fell approximately 1,350 maternal deaths per 100,000 live births in 1990 to 814 maternal deaths per 100,000 live births in 2015. This number keeps varying as a result of increase in population over the years. In 2017, the MMR for Nigeria was fixed at 917 maternal deaths per 100,000 live birth. In rural and some urban communities in Nigeria, pregnant mothers continue to experience difficulties accessing healthcare facilities. This has led to high maternal mortality rate in the country. This therefore means that, Nigeria is yet to meet up with the Millennium Development Goals (MDGs) which was designed to end poverty, hunger,

illiteracy and to improve maternal health (MDG5) with a goal of reducing maternal deaths in the country.

### 3. Challenges of Mother-Child Healthcare System in Nigeria

Maternal and infant mortality are key indices of the state of health or quality of healthcare in any given society. In communities all across Nigeria, rural areas have constantly been neglected in terms of capital growth, financial interests and social infrastructures. This leads to shortage of healthcare workers and health care facilities. The resultant effect of this leads to over 95% of out-of-pocket expenses for healthcare services by individuals most of whom lives on less than one dollar (\$1 a day). Less than half of the population has access to safe water (40% in rural areas) and only 41% have access to adequate sanitation (32% in rural areas). All these facts have negative implication for the survival of the children. The Nigerian government adopted varieties of policies aimed that are aimed at reducing the rate of maternal mortality. However, it is necessary to point out that they lack an effective way of implementing these policies, this is largely because of the very low budget of government in the health care. Most of the programs available on safe motherhood are been initiated by nongovernmental organizations working with funds from international donors.

In trying to illustrate the challenges facing the mother-child care, two separate surveys were conducted using the Survey monkey. The first survey was conducted for mothers in Nigeria to ascertain their first hand challenge while giving birth. The second survey was conducted mainly for medical practitioners – doctors, nurses, midwives, and gynecologist. The result of the survey pointed out the following issues as represented in Fig. 2. below.

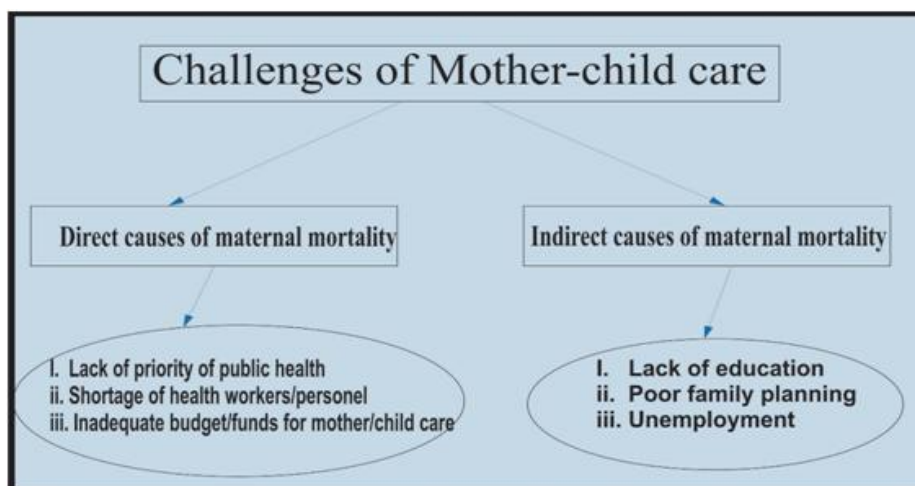


Figure 2: Challenges of mother-child care

#### Indirect Causes of Maternal Mortality

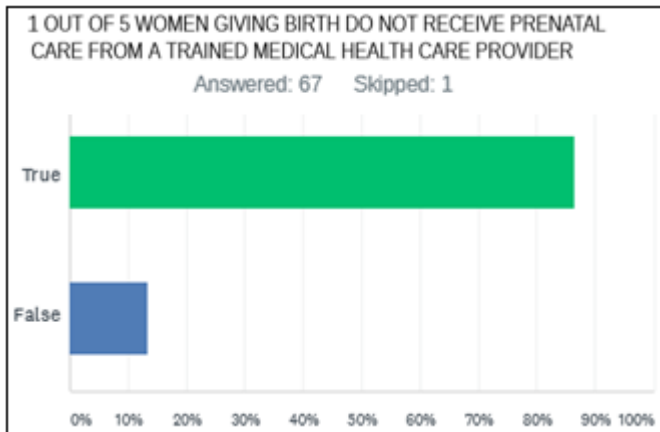
Underlying factor of most maternal death has always been ignorance. Most women tend to ignore early signs due to the lack of adequate information and knowledge acquired during pregnancy. One of the most important factors in reducing the death rate of children under the age of five years has

been education for women. More education increases the ability of women to make better choices about so many health factors such as:

- Pre-natal Care
- Basic Hygiene
- Immunization

- HIV Status
- Early Childhood Diseases

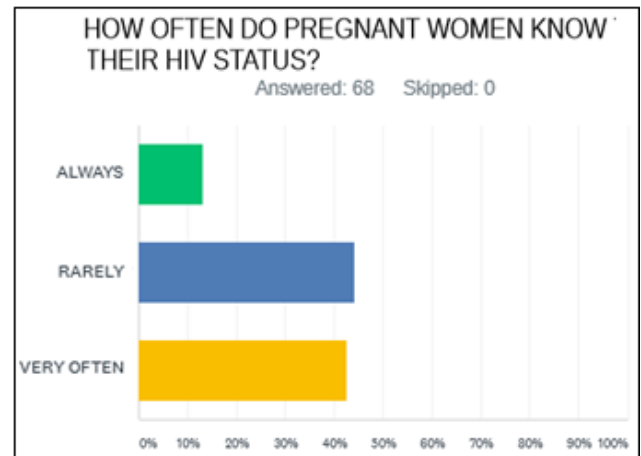
Our survey responses conducted for 68 mothers in Nigeria also shows that it is evident that the educational level of women helps in the increment in the awareness level of hygiene and infant health care. Questions about method of family planning, prenatal care information, HIV status were some of the questions asked to show the relationship between education, child and maternal care. The data shows that progress is very possible and much more can be achieved especially when many of these deaths can be preventable.



**Figure 3:** Chart showing the percentage of women who receive prenatal care from trained medical provider

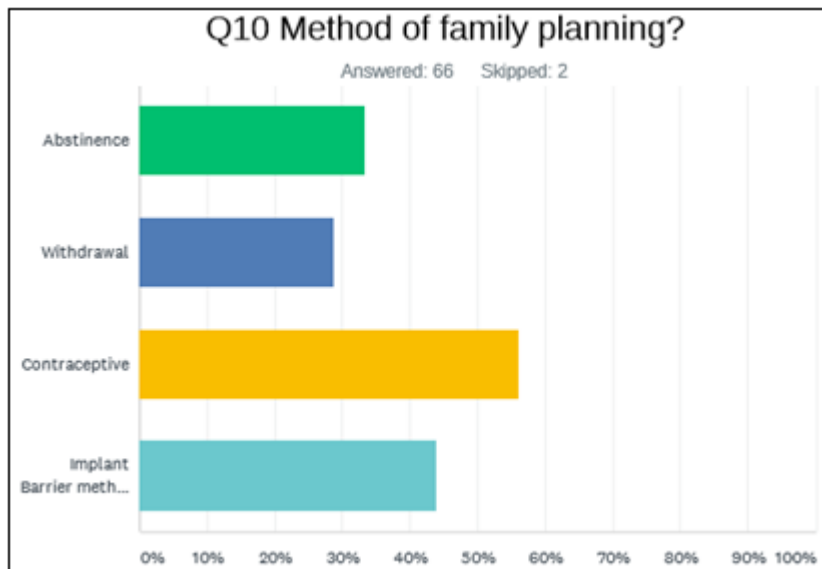
Fig. 3. above illustrates the percentage of women who considers the argument that, prenatal care from a professional care giver is important for every woman during pregnancy. About 86% of mothers answered in the

affirmative that, majority of women do not receive prenatal care from trained professionals during pregnancy. One (1) in every five(5) women do not see the need to visit hospital at the early stage of pregnancy. This is mostly attributed to lack of education and poor awareness in the community.



**Figure 4:** Chart showing the percentage of women who knows their HIV status

Universally, childbirth should be a cause for celebration. Stigmatization, lack of awareness and lack of proper education are factors that discourage women from knowing their HIV status or ignore the process. The chart above indicates that 15% always check their HIV status during pregnancy, and over 44% rarely see it as a necessity. About 42% indicated that, knowing HIV status during pregnancy is very vital for mother-child care.



**Figure 5:** Family planning

Poor family planning accounts for indirect causes of maternal mortality. While we have more women who are aware of contraceptive methods in this response, we also have women who are unaware that the withdrawal method typical failure rates are up to 25%. Which means that out of every 100 women using such method, 25 out of the 100

women will become pregnant in the year. The withdrawal method also requires a lot of self-control from your partner. When these leads to unintentional pregnancy unsafe abortions with its resultant infections and damages results to maternal deaths.

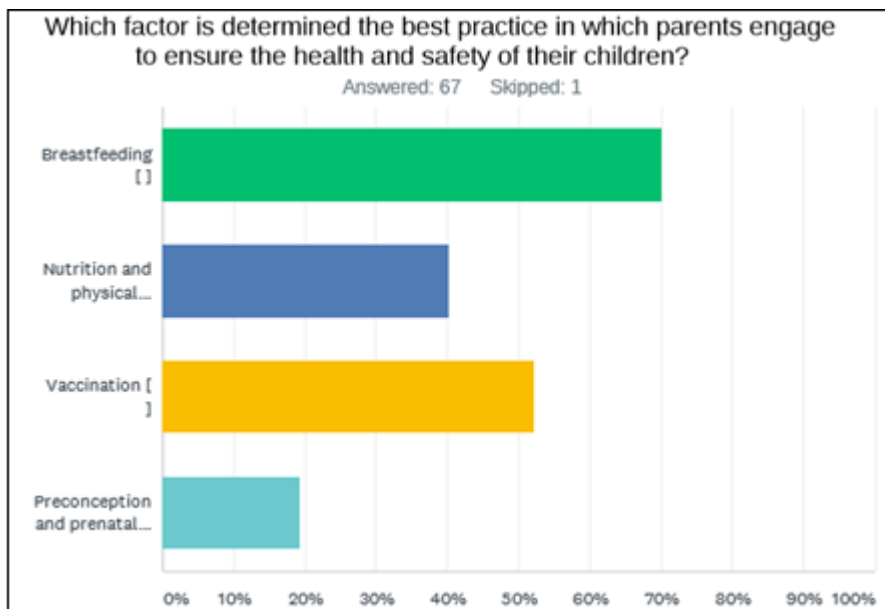


Figure 6: Health care measures undertaken by parents

While promotion of breastfeeding is very important it is also very important to be educated about immunization. Despite the significant increase and progress in vaccination, immunizing against preventable diseases before their first year saves the children lives.

questionnaires to over 100 medical practitioners majorly practitioners who have more access to mothers and child public health care in different geo-political zones in Nigeria and it is evident that there is still a need to increase the number of health care workers and facilities.

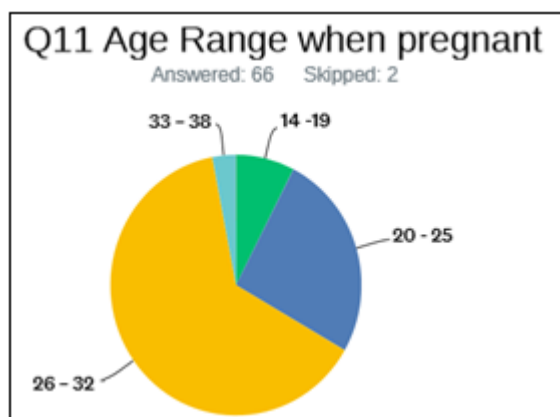


Figure 7: Age bracket for pregnant women

Female illiteracy affects the survival rate of both the mother and child and has also been linked as a contributing factor to a lot of early marriage cases. Most women who complete secondary school education are more likely to delay in getting pregnant and also more likely to attend or receive prenatal and postnatal care from professionals.

**4. Direct Causes of Maternal Mortality**

When considering development of a country, child health constitutes one of the main indicators. The level of Childhood mortality is one of the most fundamental measurement of checking a countries development and socio-economic development including its demography. Physical environment which children are exposed to also influences the mortality rate because good hygiene is one of the simplest and quality ways in preventing the spread of disease. The etiology of maternal mortality can be mainly categorized as medical, socio-economic, cultural, behavioral, and political causes. In this survey we gave

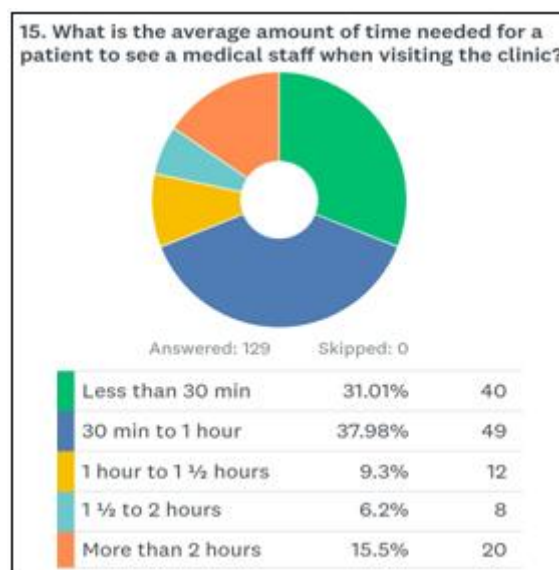


Figure 8: Chart showing the patients time to see doctors

In this figure, 129 doctors were asked for an average time for a patient to see a medical staff and we have approximately, 38% of doctors suggesting 30min to 1 hour and another which leaves a wide gap of doctor to patient ratio. A doctor will approximately see 20 patients a day assuming the resumption time is 8am and closing period is 6pm.

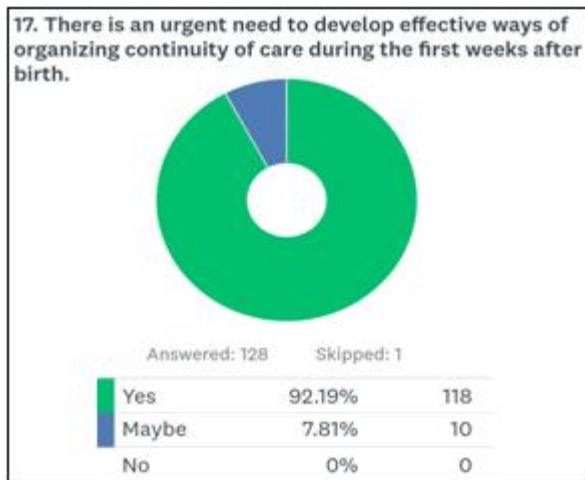


Figure 9: Chart showing the need for community medicine

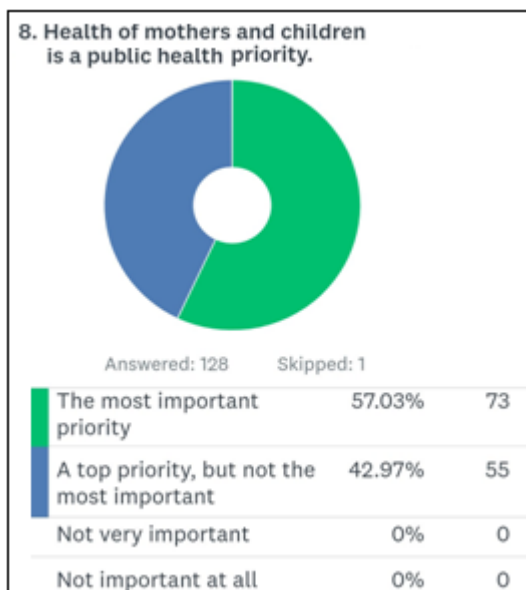


Figure 10: Chart showing how priorities are assigned to mother-child care

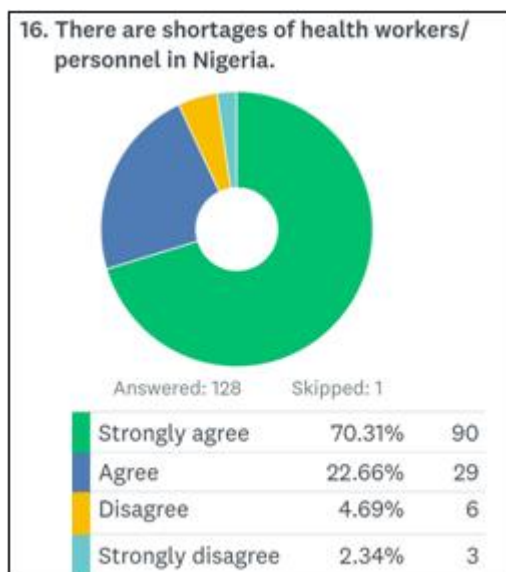


Figure 11: Chart showing peoples reaction to shortage of

Even though the vast majority of deaths are preventable, the shortage of health workers cannot be overlooked as doctors

themselves agreed to it. This problem is particularly heightened in the rural areas. Shortages of health workers can be caused by international immigration, low income from the choice of career that leads to resignation or career change, premature death or even early retirement and so many other factors.

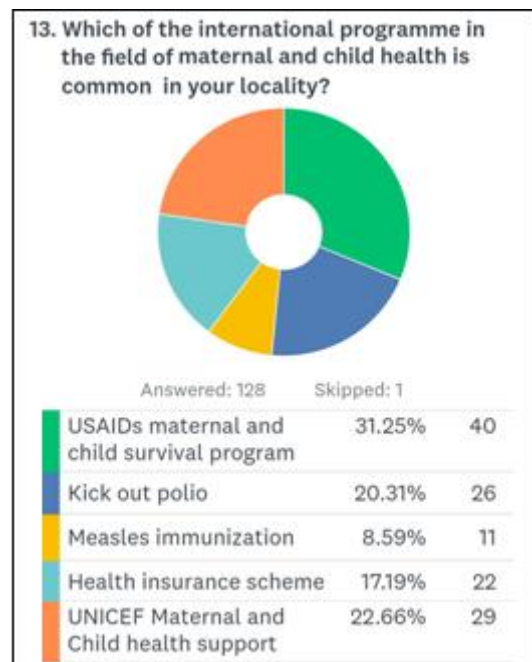


Figure 12: Contributions from other international programmes

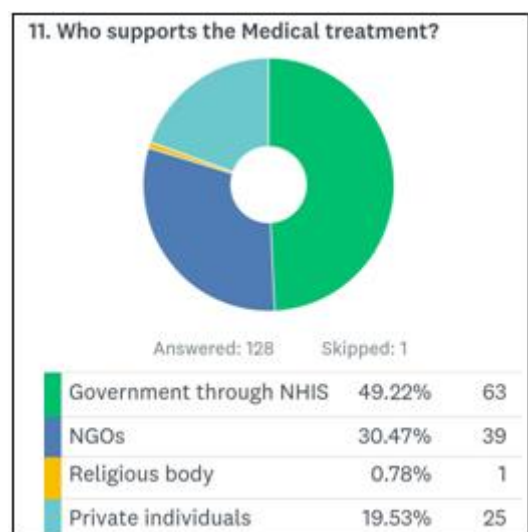


Figure 13: Medical personnel reviews on healthcare sponsorship

This figure shows that there is a vast margin the government needs to still work on, health budget cutbacks leaves a wide gap for non-governmental organizations and private individuals to also carry most of the weight and margin left which obviously causes a difference in access to health care and quality of care given.

### 5. Conclusion

In this study, it is worthy to note the efforts on NGO'S in the improvement of maternal and child care. It is also worthy of

note to state that most maternal and newborn public health services are absolutely free. Globally, thousands of women die due to childbirth complications with most of the deaths occurring in developing countries.

The study also confirms that mother child mortality is more prevalent amongst women who did not have formal education than women who had higher educational study. This can be partly due to the government's policies on women's education. It is evident that women's educational level can result in an increase in maternal awareness about infant health and hygiene, thereby bringing about a decline in the under-five mortality rates.

Factors that are associated with the aforementioned problems also include:

- Poor socio-economic development
- Weak health care system
- Low socio-cultural barriers to care utilization

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