Commentary

Insecurity in northern Nigeria: Implications for maternal and child health

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ABSTRACT

In this paper, I discussed the implications of insecurity in Northern Nigeria for maternal and child health. Africa continues to top the chart and suffers from the highest rates of child mortality. Nigeria, the eighth most populous country in the world and the most populous country in Africa with over 200 million populace, accounts for 20% of all global maternal deaths with a daunting maternal mortality ratio of 800 maternal deaths per 100,000 live births. Northern Nigeria has become a hub of joblessness, illiteracy, early/child marriage, maternal mortality and terrorism. The Boko Haram humanitarian crisis has led to over 37,500 deaths with 2.4 million internally displaced citizens with severe impacts in Borno, Adamawa, Yobe and Gombe predominantly leading to physical and food insecurity. The deleterious effect of conflict on maternal and child health has a broad expanse such as lack of shelter, safe and sanitary facilities, food shortage, dearth of healthcare personnel and reduced access to quality health services. Socioeconomic inequalities such as maternal education, sanitary conditions and family health are existent in these areas. It is paramount to buttress on the aspect of insecurity as it affects maternal and child health of the population. There is a need for the Nigerian government to pay attention to this region in timely manner. Essential health services should be improved on in those regions. Funding should be allocated in abating conflicts and insecurity in northern Nigeria.

1. Introduction

Over the years, there has been large intraregional disparities in the African region in terms of coverage of basic maternal and child health interventions. Although in retrospect, Africa has reduced maternal deaths and under-five mortality by 41% and 33% respectively. Yet, Africa continues to top the chart and suffers from the highest rates of child mortality as well as 57% occurrence of maternal deaths leaving the continent with the highest maternal mortality ratio in the world, constituting a global burden.¹ In sub-Saharan Africa, pregnancy and childbirth complications result in about 265,000 maternal deaths, 1,208,000 neonatal deaths and 3,192,000 under-five deaths occur. This death toll yearly is appallingly high and calls for prioritization of interventions for accelerated progress and decline in the curve.¹ While countries like Rwanda have made improved efforts towards achieving the Sustainable Development Goal 3; target 3.1- by reducing their maternal mortality ratio (MMR) by half. On the contrary, other countries within the African region still have high records of MMR.²

Maternal health refers to the health of women during pregnancy, childbirth and the post-partum period. An inclusive medical care, social, educational and nutritional services comprises maternal healthcare.³ Unsafe abortion, hemorrhage, obstructed labor, sepsis and pre-eclampsia/eclampsia are major contributing causes of maternal mortality.² Unlike other women, young adolescents are faced with a higher risk complication and death during pregnancy. This debilitating effect on young adolescents seeks for interventions on early/child marriage and teenage pregnancies even as Africa continues to have the highest birth rates among adolescents with 120 births per 1000 young adolescents. Other factors such as childhood infections, newborn illness and malnutrition gravely affect maternal and child health.¹

Maternal mortality has been defined as the 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.³ In this paper, I discussed the implications of insecurity in Northern Nigeria for maternal and child health.

2. Discussion

Nigeria, the eighth most populous country in the world and the most populous country in Africa with over 200million populace, accounts for 20% of all global maternal deaths with a daunting maternal mortality ratio of 800 maternal deaths per 100,000 live births. In comparison to most developed nations of the world, Nigerian women are 500 times most liable to lose their lives during childbirth. The ripple effect of this dilemma is evident on the socioeconomic development and negates the achievement of the sustainable development goal.^{2,3} Nigeria's maternal mortality is reported to be 576 per 100,000 births which is very worrisome as nearly every birth procedure is a potential incidence.^{2,3} Among pregnant women in Nigeria, biological, environmental, cultural and social determinants influence appropriate utilization of healthcare services.³

Diverse African traditional cultural practices are being perpetrated against women in most communities. Practice by some culture endangers maternal wellbeing and consequentially the children. The purdah system practiced in northern Nigeria restricts movement of women as a means to prevent them from being men besides their husbands.⁴ The effect of this practice plays out on maternal health as men will most preferably choose female health professionals to attend to their wives

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during delivery than their male counterpart. Moving to southern Nigeria is the Oro festival among Yorubas which impinges on women freedom of movement, most especially during emergencies.⁴ However, in other parts of the country, movement of women are restricted during certain festivity leading to dire punitive measures of defaulters, regardless of her health condition even when pregnant.³

The social determinants affecting maternal health to mention but a few include: inaccessibility of healthcare services, poor infrastructural state and systemic failure. Rural community inhabitants are most likely to be severely affected by these factors owing to little or no economic developments in those areas.³ In totality, socioeconomic determinants directly affect maternal and child health in multiple ways. Marital status and large family size as a factor hinders follow-up to health services and facilities. A keen look into the attitude of healthcare providers reported the use of blunt and critical language which deter women from accessing health services in Nigeria.⁴ The link between maternal employment and child health outcomes has been established as a result of an increase in uptake of alternate care for young/growing children. Discontinuation of breastfeeding and inadequate preventive and curative medical care due to irregular work shifts is seen to affect the dietary habit of children resulting in malnutrition and childhood related diseases.⁵

3. Insecurity and health in northern Nigeria

Nigeria is in an emergency state in the event of insecurity which has led to death, disability and loss of property. Protection and freedom of movement is decisive in accessing maternal and child health services because safety and security is central at all times.⁴ The nexus of security, insecurity and health is a complex one and it further depicts how security is a prerequisite for health and health services delivery.⁶

Northern Nigeria has become a hub of joblessness, illiteracy, early/child marriage, maternal mortality and terrorism. Diverse health consequences caused by insecurity and insurgency threatens the general health of the population as well as proper functioning of the country's health system.⁷ Consequent to the above, north-west states have experienced an outbreak of cerebrospinal meningitis leaving room for anxiety among north-easterners.⁸ The insurgency has compounded issues resulting in overcrowding & poor hygiene leading to cholera outbreak, malnutrition, disruption in agricultural activities which can only mean worsened food insecurity, access to education (women education level and infant & maternal mortality), disruption of health supply chains, referral networks, communications and supervision, poverty leading to insurgency & crime.⁸

The Boko Haram humanitarian crisis has led to over 37,500 deaths with 2.4 million internally displaced citizens with severe impacts in Borno, Adamawa, Yobe and Gombe predominantly leading to physical and food insecurity. The massive destruction places burden on government to rebuild infrastructure, while individual households grapple with rebuilding communities.⁹ As a result of this crisis, insurgents occupying towns and villages hindered the even distribution of polio vaccine in the area instigating a re-emergence of new cases of the disease even after celebration of polio eradication in Nigeria.⁸

4. Insecurity and MCH in northern Nigeria

Insecurity, banditry and kidnapping have negative concomitant impact on the Nigerian economy with an overwhelming negative effect on health resources and worsened health indices. Due to intersecting religious, ethnic and regional divisions the country is affected by several conflicts.¹⁰ Social armed conflict like the Boko Haram insurgency, militancy in Niger delta and herdsmen clashes have ravaged the country for decades leaving behind a depleted and dysfunctional healthcare system.⁹ Insurgents has left over 788 dilapidated health facilities in the northern region. Taking into consideration Borno state, 48 health workers have been killed with 250 injured, the state has lost over 40% of its facilities with only a third been functional.⁸ Within the state, a

relative amount of health facilities remain inaccessible and 80% of the state is considered to be "high risk", seriously compromising the ability of government authorities, UN agencies, and non-governmental organizations (NGOs) to deliver goods and services as well as responsiveness. The humanitarian crisis continues to the present. As many as 7.1 million people, at least 50% of whom are children, are estimated to be in need of humanitarian assistance.⁹

The deleterious effect of conflict on maternal and child health has a broad expanse such as lack of shelter, safe and sanitary facilities, food shortage, dearth of healthcare personnel and reduced access to quality health services. Mortality, morbidity and malnutrition are highlights of the negative impact of conflicts on child health with persevering long term consequences.⁷ The consequences are dependent on the resilience of existing health systems, level of available humanitarian assistance and intensity & duration of the conflict.⁷ Socioeconomic inequalities such as maternal education, sanitary conditions and family health are existent in these areas. It is paramount to buttress on the aspect of insecurity as it affects maternal and child health of the population.¹¹

Malnutrition is a major cause of under-five death and many children suffer from acute and chronic malnutrition. Undebatable, multiple factors contribute to malnutrition of children under-five years. Conflict displaces families from their homes and alters standard of living.¹¹ Children from poorer backgrounds can be seen to bear disproportionate burden of malnutrition which is dependent on insecurity. Nigeria had the second highest wasting prevalence (a form of acute malnutrition) worldwide with 3.4 million plagued children following reports from Global Nutrition in 2018.¹² These cases were twice as high and accrued in the North-East and North-West regions in contrast to Southern regions of the country.

In Northern Nigeria, armed conflict is one of the most prominent issues surrounding provision of maternal and child health services. This is closely linked with the inability of organizations to perform to their highest ability. The depleted healthcare workforce stands to be a major limitation in health service delivery as most health workers are unwilling to take up roles or resume appointment. This declination is affiliated with recurring insecurity and volatile nature of work locations.⁹ By this, many women are prone to sickness, infirmity which most likely may result in death due to inability to access good quality health service. The health service which already is in a state of comatose hinders access to comprehensive reproductive health care that are set in place to increase chances of women survival during pregnancy, enable them have healthy children and balanced family.^{3,13} Intensification of the Boko Haram insurgency and extreme difficult security situation instigated an abnormally low rate of child health service delivery. Most perturbing is the resurfacing of polio virus in these regions as majority of children are at an exposed risk of contracting the virus.^{8,9}

With millions displaced by conflict, insecurity and insurgency, poor access to food, healthcare, protective shelter and safe water, sanitation and hygiene (WASH) is being exacerbated by crisis. Also there has been significant challenges in maternal and child education due to continuous movement of the masses. Hence, misinformation of healthy practices prevails amongst mothers, putting the overall wellbeing and health of the child at risk.¹⁰ Maternal education is significantly related with fertility and maternal health, therefore should be addressed to bridge the gap that exist between women and uptake of quality health service.³ One clear truth is that children have been affected acutely by the turmoil.¹⁰

5. Conclusion and recommendation

People's insecurity is an immense global health issue and more worse when affecting key populations such as pregnant women and children. With millions displaced by conflict in some parts of northern Nigeria, already significant challenges in healthcare especially around maternal and child health has been intensified. The rise of insurgencies and terrorism is threatening not just social security but health security is being affected as well.

There is a need for the Nigerian government to pay attention to this region in timely manner. Essential health services should be improved on in those regions. Also the government and other health related stakeholders should invest wisely in increasing the preparedness and capacity of country's health system to respond to emergencies and early detection of threats that may affect the nation's health security. There should be proper political adaptation spotting insecurity as a threat to health security and foster peace making collaboration with international organization to address the challenges inherent in the northern region of Nigeria. Just as funding are made available for health issues, so should it be made available to tackle insecurity in northern Nigeria.

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Declaration of competing interest

None.

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