

MATERNAL MORTALITY IN NORTHERN NIGERIA: SOME NON MEDICAL CAUSES

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ABSTRACT

The paper relies on existing works and researchers' personal observation (PO) of the phenomenon of maternal mortality in northern Nigeria. It identified and discusses the non medical causes of maternal mortality in the area. Poverty, corruption, illiteracy and culture, among other factors, were identified to be responsible for the phenomenon.

The paper therefore suggested that if the situation must be improved and thus maternal health mortality significantly reduced, there is the need for Government to strongly recognise the role of the health sector in the development of Nigeria and thus take affirmative action that will bring about a significant positive change in the maternal health facilities and maternal health human capital development for her increasing population. Such involve putting in place the right policies for maternal health and translating these into workable plans and programmes that will bring about improvement in the sector. These should include, among other things, provision of obstetric care, training and retraining of birth attendants to make them highly skilled and more efficient, provision of postpartum care and transportation to maternal health facilities during complication. Other social and economic determinants of maternal health that will lead to better health outcomes be focused on and addressed for better maternal health development outcomes for Nigeria north and the country at large.

Key words: maternal, mortality, corruption, illiteracy, poverty

INTRODUCTION

The future of any society lies, among other things, in its ability to prevent maternal mortality among the women folk because women contribute to both the social and economic growth especially in a third world economy like Nigeria. Likewise, the strength of any

society also lies in the ability to train women in schools. These and many more, informed the need for world leaders, at the eve of the millennium to devise a means at curbing the high rate of maternal mortality in the world especially in Africa. In September 2000, the world leaders established the Millennium Development Goals (MDGs) and stepped up the effort by broadening the strategy with a simultaneous confrontation of extreme poverty, hunger, disease, gender inequality, environmental degradation, unsafe drinking water and insanitary practices. MDG-5 set the goal of reducing maternal mortality of 1990 by 75% by 2015 (Bankole et al, 2009). With only two percent of the world's population, Nigeria contributes ten percent of the world's maternal death (Adekanye, 1981). In many countries, maternal mortality is the main cause of death in women of reproductive age (Campbell et al, 1992). The severity of the problem has caused the United Nations General Assembly to focus its attention on improving maternal health. The fifth Millennium Development Goal (MDG) is to reduce maternal mortality by three quarters by 2015. Clearly, interventions in reproductive health are necessary if the burden of maternal mortality is to be alleviated.

Nigeria is culturally and religiously diverse while economic development and illiteracy also varies spatially. The north-west and north-east regions are vastly rural and have a predominantly Muslim population. The North-Central region has a large Muslim population but a larger Christian makeup, especially in the urbanized parts of the states. These three regions combined are called northern region which is the focus of this research (National Bureau of Statistics, 2011).

Northern Nigeria housed a larger portion of the current maternal mortality victims in Nigeria. In a recent report, out of the 9 million available data in Nigeria, Northern Nigeria has about 8 million of it. This in turn gives a vivid picture of what is obtainable in the region. However, what are the factors that necessitated the large volume of the victim in the region. Could it be that only cultural factors are responsible for the high rate? Has gender bias contributed to maternal mortality in the region? However, this paper examines the socio-economic aspect of the factors- poverty, corruption, illiteracy and other related issues, which may have contributed to maternal mortality in Northern Nigeria. Further to that, cultural aspect is not left out, why women refuse to go for medical care even when it is free, are they free to do so without restriction? The rippling effects of harmful cultural practices and religion on women and girl child are also considered in the study. The area under discussion falls within latitude $9^{\circ}0^{\prime}$, $13^{\circ}30^{\prime}$ N and longitude $3^{\circ}18^{\prime}$, $14^{\circ}15^{\prime}$ E (see figure 1 below).

Politically, the discussion focuses on the states of Sokoto, Kebbi, Niger, Zamfara, Katsina, Kaduna, Kano, Jigawa, Bauchi, Adamawa, Gombe, Borno, Yobe, Kaduna and Plateau.



Figure1. Map of Nigeria

Conceptual Discussion

Maternal mortality is the death of a woman who is pregnant or who has been pregnant within the six weeks, irrespective of the duration or site of the pregnancy from any cause related to or aggravated by pregnancy or its management, but not from accidental or incidental causes (Chukwudebelu, 2003). This has become a public health issue in Nigeria especially in the northern part of the country where the death can be prevented but because of other factors as poverty it continues to kill people in that part of the country (Bankole et al, 2009). Maternal deaths could also be defined as either direct or indirect. Direct maternal deaths result from complications of the pregnancy (pregnancy, labor and post-delivery), from interventions, omissions, incorrect treatment, or from a chain of events arising from any of the above. Indirect maternal deaths are due to previously existing diseases or diseases that develop during pregnancy, and not due to direct obstetric causes (Oxaal et al. 1996).

World Health Organisation (WHO) also defines maternal mortality as the death of a woman while pregnant or within forty–two days after delivery or termination of pregnancy, excluding accidental causes of death (WHO, 2003). Because a large number of maternal deaths occur late or later than 42 days after termination of pregnancy, some definitions extend the period up to a year after termination of pregnancy (Koonin et al. 1988). For each

woman who succumbs to maternal death, many more will suffer injuries, infections and disabilities brought about by pregnancy or childbirth complications such as obstetric fistula. This is commonly known as Vesico Virginal Fistula (VVF), a hole in the birth canal that allows leakage from the bladder or rectum into the vagina which is a major complication from pregnancy and childbirth (UNDP, 2009). This is usually a problem of young girls who marry early, often before the age of fifteen and who start childbearing before their bodies are ready for that function. Both maternal mortality and morbidity are closely associated with patterns of gender relations and poverty situations in any given society. Such associations are more pronounced in the rural communities where traditional attitudes and norms conform to patriarchal values which support males' superiority over females (Nwagwu et al, 2009]. In majority of the cases, however, maternal mortality and disability can be averted with appropriate health interventions. A few of the direct medical causes of maternal mortality include haemorrhage or bleeding, infection, unsafe abortion, hypertensive disorders, and obstructed labour. Other conditions include ectopic pregnancy, embolism, and anaesthesia-related risks, while conditions such as anaemia, diabetes, malaria, sexually transmitted infections (STIs), and others can also increase a woman's risk for impediments during pregnancy and childbirth, and thus, are indirect causes of maternal mortality and morbidity. In line with these definitions, this study rely on existing works to examined the other causes of maternal mortality, that are non medical, other than the medically proven causes in Northern Nigeria. There are other socio economic causes that are making much impact beyond the cause from the medical perspective. The goal was to identify those other causes and how it contributes to our understanding of the socioeconomic determinants of maternal mortality.

THE NON MEDICAL CAUSES

Maternal mortality is considerably influenced by socio, economic and political context of the Health care system and the biological realities of the women seeking care (Aboyeji, 2003). Thus, this has causes a delay in women seeking health care - either the hospitals are empty of qualified health care experts or the lack of adequate equipments to meet up the challenges confronting the patient at a particular time. On the other hand, the patient may lack the financial strength to access health care services where it is available. Sometimes, distance to the hospital could result into death of a pregnant woman. So part of

the framework that must be put in place is the focus on the socio-economic factors that will help reduce the death rate in developing countries.

A more intricate indicator however, is the lifetime risk, which amasses the likelihood of dying from the complications of pregnancy and childbirth during a woman's reproductive life, and hence accounts for fertility as well as obstetric risk. Nigeria's maternal mortality rate exceeds 1000 deaths per 100,000 live births and is much higher than the African continent average of 800 deaths per 100,000 live births (Zozulya, 2010).

However, there are other factors that have immensely contributed to maternal mortality, which will be discussed subsequently, such as poverty, corruption political insensitivity and cultural impediment. This aspect requires urgent measure and rescue to save both the child and the mother since the children of today constitute the leadership of tomorrow. Humanitarian effort is not only needed in war time but in a situation like this, this is because since the beginning of the *Boko Haram* insurgency in the last four years, with available data, human lives lost as a result of their activities has not risen up to 9 million, while maternal deaths had risen to that level. Therefore urgent steps needed to be taken to avert the ugly trend of the event.

Corruption

It is a well known fact that corruption in Nigeria is not a recent phenomenon. It had existed since colonial time. It undermines our democratic institutions, retards economic development and contributes to the current socio-political instability. Its impact in health sector cannot be over emphasized. This has informed the reason why access to health care facilities in Nigeria has become a major concern to both the rich and the poor. The rich may not have the kind of attention they want therefore they have no option than to be flown abroad and the poor even though what they need may be within but they have to means of meeting the demand placed on them from the hospital. Yet, a huge sum of money is allocated to health sector yearly without a commensurate impact to the populace. This has been predicated largely on corruption in the health sector in Nigeria. In the literature, corruption is variously defined. It is the misuse of public office for private gain (Sandholtz & Taagepera, 2005). Corruption is broadly seen as fraudulent, dishonest, illegal behaviour particularly of those in authority positions. Any official conduct that is enacted or obtained at the price of a fee, payment in cash or kind, that is against the standards, rules, values and expectation of a

society is considered as corruption. Corruption is value laden, which includes immorality, moral debasement and depravity (Ade and Awoniyi, 2011). This definition is all encompassing as it mentioned as attitude against the required standard, it devalues society and its impact is that it makes others to suffer what they did not bargain for. The impact of corruption is on everybody in the society and not limited to the poor alone.

In a similarly vein, Gould (1991) sees corruption as an immoral and unethical phenomenon that contains a set of moral aberrations from moral standards of society, causing loss of respect for, and confidence in duly constituted authority. To Otite (2000) corruption is the perversion of integrity or state of affairs through bribery, favour or moral depravity. It takes place in the process of interaction between two or more parties which changes the structure or process of society or the behaviour of functionaries towards predetermined end. It involves bribery, treasury looting, rule bending to favour, cronies, clans, friends, while harming foes and other perceived enemies (Otite, 2010). Corruption indeed is characterised by a colossal dearth of regard for laws, order, accountability and good conscience (Otite, 2010). The Independent Corrupt Practices and other related offences Commission (ICPC) Act 2000 cited by Onimode (2001), maintains that corruption includes bribery, fraud and other related offences. From the array of definition, it is clear that corruption manifests in different forms, and could be found in the social, legal, economic, educational and political realms, and also public and private spheres. Therefore, corruption is not necessarily an isolated event or an individual problem, as it is an outcome of a country's political and legal aspects, economic and structural policies, the role of institutions, human development, globalization (Seleim, 2009) and its specific cultural configuration. Economic and Financial Crimes Commission (EFCC Act 2004 as Amended) was also set to curb the menace of corruption, money laundering and financing of terrorism which affects every facets of the economy. Thus, section 46 of the EFCC Act 2004 defines the crime as;

Economic and Financial Crimes means the non-violent criminal and illicit activity committed with the objectives of earning wealth illegally either individually or in a group or organised manner thereby violating existing legislation governing the economic activities of government and its administration and includes any form of fraud, narcotic drug trafficking, money laundering, embezzlements, bribery, looting and any form of corrupt malpractices, illegal arms deal, smuggling, human trafficking and child labour,

illegal oil bunkering and illegal mining, tax evasion, foreign exchange malpractices including counterfeiting of currency , theft of intellectual property and piracy, open market abuse, dumping of toxic wastes and prohibited goods, etc.

Corruption is therefore viewed in our context as a cancerous ailment, a socio-political, economic, religious and moral disease that spreads to all the different levels of society (Aluko, 2002). This in turn has adverse effect on the health sector in Nigeria. There is the need to deconstruct corruption, understand its origin, and scope if efforts towards its control, or regulation could be successfully prosecuted. Corruption is destructive in entirety. Part of the reason for higher mortality rate in northern Nigeria is attributed to corruption, either by diversion of healthcare facilities to private use of outright sale to other people thereby leaving the people at the mercy of what befalls them or outright diversion of funds from the source. The political leadership are enmeshed in the corruption; if not they have the duty to checkmate it.

However, perhaps, it is necessary to mention here that the political leadership class in Nigeria is not alone in enwrapping themselves in corrupt practices. Many other nations, both in the developed and emerging markets/economies are also entangled in this quagmire. Two examples shall be discussed. The first is the incidence that undermined the national economy of Indonesia. In this case, state banks channeled money to projects involving former President Suharto's family and friends. In the 1990s, Indonesian banks allowed arrears on loan repayments to mount unchecked and circumvented rules to prevent excessive foreign-currency borrowing. Consequently, when the value of the Rupiah fell in 1997, the entire financial system began to collapse. Bankruptcies and massive layoffs took place and returned as many as half of Indonesia's over 200 million people to extreme poverty (Atwood, 1998). Another example is taken from a developed economy. The second example is Russia, a developed economy, which shows how corruption can damage political and economic development. In Russia, corruption linking an oligarchy of financial-industrial groups with the political leadership class has distorted privatisation, undermined economic reforms, deterred trade and investment and eroded public confidence in state institutions (Atwood, 1998). It is worth mentioning here that the weak nature of the Russian economy immediately after the collapse of communism, combined with the ever increasing rate of corruption among

the political leadership class has given a substantial political boost to former communists and other opponents of reforms.

Corruption imprint poverty on the society, therefore the next factor to consider for the prevalent of maternal mortality in northern Nigeria is poverty among the people and especially the rural populace.

Poverty and maternal mortality

Corruption as discussed previously has not been fared to poverty. In Nigeria, it is observed that the resources available in Nigeria if properly managed would have taken Nigeria to a comfortable status but corruption and other related crimes have been an obstacle to both social and economic development in Nigeria. Health sector has not been spared in the whole scenario. Poverty also has been a major cause of maternal mortality, as it prevents many women from getting proper and adequate medical attention due to their inability to afford good antenatal care.

Poverty exists when people lack the means to satisfy their basic needs. It is a state of been poor. These may be defined narrowly as "those needs necessary for survival" or broadly as "those need reflecting the prevailing standard of living in the community" (Safra, 2003). Reproductive ill health is both a cause and consequence of poverty (Family Care International, 2005). Sexual and reproductive health problems account for approximately 20 percent of the ill-health of women globally, and 14 percent of men due to lack of appropriate sexual and reproductive health services (WHO, 2003).

Poverty can be defined as the situation of people whose "resources (material, social and cultural) are so limited as to exclude them from the minimum acceptable way of life in the countries in which they live" (Dower, 1991). It is a multifaceted condition. It has many dimensions, among which are poor access to public services and infrastructure, unsanitary environmental surrounding, illiteracy and ignorance, poor health, insecurity, voicelessness and social exclusion, as well as low levels of household income and food insecurity (Hodges, 2001). All these aspects of poverty are life-shortening, involve great suffering and pain (from disease and hunger) and they undermine an essential dignity and decency to life (Dower, 1991). Poverty limits access to healthcare services, transportation and adequate nutrition especially for women who are financially incapable of providing for themselves (Harrison 1997).

It has been estimated that in 2001, 1.1 billion people had consumption levels below \$1 a day and 2.7 billion people lived on less than \$2 a day (World Bank, 2010). Poverty endangers the health and lives of many in developing countries, including Nigeria north, where the most widespread and severe poverty occurs among other countries in that part of the world. At present, Nigeria's entire economy revolves around oil with large reserves. This implies that the country has, in theory, the potential to build a very prosperous economy. In fact Oil accounts for nearly 80 per cent of government revenue in Nigeria, 90–95 per cent of export revenue and over 90 per cent of foreign earnings (Institute for the Analysis of Global Security, 2003). But unfortunately, poverty is widespread in this country in spite of its rich natural resources to the extent that indicators place it among the twenty poorest countries in the world (BBC News <http://www.news.bbc.com>). According to the World Bank, about 66 per cent of the Nigerian population now falls below the poverty line of about a dollar a day compared to 43 per cent in 1985 (BBC News, <http://www.news.bbc.com>). The wealth from oil has not feel through many sectors of the economy especially the health sector because poverty is still a growing problem in Nigeria, a country which is estimated to have earned about 280 billion U.S dollars from oil during the past thirty years (BBC News, <http://www.news.bbc.com>)

Poverty not only means unequal access to health facilities but also the greater propensity of those at the bottom of the income ladder to experience more ill-health than those at the top of the ladder. This fact is eloquently demonstrated when we compare inequalities between the richest and the poorest segments of the Nigerian population along the dimensions of the number of births attended by skilled health personnel, the number of children who are fully immunized, the number of children at age 5 years who are under height, under-five mortality rates and infant mortality rates per 1000 live births.

Poor people not only run the risk of more frequent ill-health, they face the possibility of premature death more than those at the top of the social ladder. The risk of illness and premature death is indeed twice as high among the poor as among the rich (WHO, 2003). Since poverty is often a convergence of the absence of several factors and conditions needed to maintain life at an appropriate level, poor people also suffer from diseases that do not or hardly affect those at the top of the social ladder. Thus morbidity and ill-health and mortality arising from malaria, tuberculosis and diarrhea are likely to be more prevalent among the

poor than among the rich. It has also been shown for example, that HIV/AIDS has a higher prevalence among the poor than among the rich. Poor people are also more likely to be hungry and the children of the poor therefore suffer more from malnutrition.

Poverty also has implications for access to health facilities and treatment. Poor people are less likely to be able to afford the cost of treatment for most diseases and where an illness becomes protracted and treatment becomes costly, the poor are likely to resign themselves to faith and death. Poor people are also less likely to be able to access health facilities that are located far away from them as the cost of transportation may be above the means available to them. Poverty is the confluence for the various social conditions that negatively impact upon health in Nigeria. Thus actions to address poverty should lie at the core of policy.

Illiteracy

The importance of female education is widely recognized (Chakrapani et al. 2010). Lack of education restricts women from independence and to financially support themselves. It has been observed that not only would spending more time in a formal school extend a woman's time before she gets married, but one extra year of secondary school would also increase her eventual wages by 15-25 percent, thereby increasing her economic independence in the future (Chakrapani et al, 2010) .

Poverty has a close affinity with illiteracy since a poor person has no purchasing power to access whatever he wants per time, this in turn metamorphose into not able to go through school because of poverty. This has led several women especially in the Northern part of Nigeria to remain uneducated. Most of the women in the region were either uneducated at all or possibly attended quranic schools. This factor has contributed to the backwardness of Northern women in Nigeria. Illiteracy has major implications for ill health. Illiteracy is not only related to poverty; it also has implications for malnutrition, high infant and child mortality. It has been observed that the probability of death among children born to illiterate mothers is two times as high as those born to literate mothers (Oxaal and Baden, 1996).

Illiteracy has made the northern women not to access health care even when it is free. This has adversely increased the rates of maternal mortality among women with the region. Sometimes the pregnant women tend to give birth at home without going to the hospital,

sometimes they go when there is complications and by the time they access the health care centres it is often late.

Moreover, increasing poverty in Nigeria has become a barrier to education for many Nigerian women thereby economically disempowering them in society. About 41.6 percent of Nigerian women had no education at all, 21.4 percent had primary education, and 31.1 percent had secondary education while only 5.9 percent had a college degree (NPC, 2003). There is a strong negative correlation between level of education and access to financial resources or the wealth quintile. Because the lowest wealth quintile for women was 68.7 percent and the highest was 5.8 percent, unless these disadvantaged populations are targeted as high risk populations, progress in safe delivery efforts will be compromised.

Culture

Culture is the way of life. It means the shared ideas, norms, values and beliefs among a group of people. Culture predicts many of the societal beliefs including gender roles and responsibilities. According to Okunna (2002), 'culture and tradition continue to exert overbearing influences on Nigerian women and deny them their fundamental human rights'. Nigeria is a high ethnic diverse country as the country is occupied with over two hundred and fifty different ethnic groups. However, Hausa, Yoruba and Igbo are the three main ethnic groups in Nigeria. The Hausa-Fulani however, constitute the majority population in northern Nigeria.

The impact of culture and tradition on maternal mortality cannot be overemphasized especially in Northern Nigeria. The cultural practices in a society reveal the values and beliefs respected by members of the society. Nigeria being a patriarchal society reflects a lot of cultural norms and beliefs which are discriminatory and bias against the physical and social well-being of women. Most traditional cultural practices and beliefs in Northern Nigeria are more beneficial to the men. The society as whole plays crucial roles in perpetuating female subjugation and oppression. Several norms and practices act as barriers to women access to social justice. These constitute harmful traditional practices which prevent women from enjoying their rights as their male counterparts.

Gender inequality continues to be linked to various traditional practices of many cultural groups in Northern Nigeria. Many culture promote the belief that women do not have

an identity of their own but those derive from men. The different ethnic groups engage in practices which degrade and discriminate women. Even in issue of education, some families prefer to educate male child at the expense of the female. This is one of the reasons why illiteracy rate is still very high among women especially rural dwellers of Northern Nigeria.

Nwagwu and Ifeanacho (2009) stated that the reason for the preference of the male gender is in the general societal belief that continuity of the family lineage is achieved through the male issues. It is pathetic to know that many women have accepted such misconception and as a result accept different mistreatments as the normal way of life. Even older women raise younger ones with such beliefs therefore extending the period of mistreatment to women rather than curbing it. Northern Nigeria being part of the country with high cultural diversity, exhibits different forms of violence against women through the different norms and beliefs which operate among different ethnic groups in the country. The prevalence of patriarchy in all spheres in northern Nigerian society promotes gender-bias practices like female genital mutilation, child marriage, rape, and polygamy.

Among the cultural practices which mainly exist among the northern population especially the Hausas, is the practice of putting women in *purdah* and the arrangement of early marriages for the females. *Purdah* is a social entails of the exclusion of married women from public view. This practice results in the denial of women in participating in various aspects of social life such as employment, politics, and public life (Nwagwu and Ifeanacho, 2009). If women are eliminated from politics and education, the rippling effects lie on the children.

Female genital mutilation (FGM) is a common practice in the Nigeria northern region especially in the rural areas of the region. This practice is misconceived to reduce promiscuity in the girl child. This practice has led to health disorder among women as a result of infection and other related issues.

Child marriage is a common practice among all the ethnic groups in Nigeria but most prevalent in the northern part. Child marriage has eliminated such child from been educated, because the age of that marriage usually falls between 12 to 16 years. Also, at birth some of them are exposed to injuries, infections and disabilities brought about by the childbirth complications. Among this is Vesico Virginal Fistula (VVF) that is a hole in the birth canal that allows leakage from the bladder or rectum into the vagina, which is a major complication from pregnancy and childbirth. However, this is more rampant in the Northern region of the

country especially among the Hausa-Fulani culture. Also, certain culture does not believe in blood transfusions and most times this leads to the death of mothers after childbirth (Chukuezi, 2010).

Early marriage was reported as a practice that emanated from the Hausa-Fulani culture of northern Nigeria. Adamu observed that such ideological construction was put in place to control women's sexuality because women's sexuality was and is still guided by men with emphasis on virginity.

These cultural and religious practices that discriminate against the female gender significantly contribute to maternal mortality in Nigeria. Given the complex reality of the influence of these practices on maternal health, developing strategies for improvement, especially in the northern region and the rural areas, remains a considerable challenge.

Conclusion

It is well known that Nigeria has one of the highest rates of maternal mortality in the developing world. Though efforts have been made in time past to curb the influence of corruption, maladministration, traditional, religious and other cultural practices that inhibit the reduction of maternal mortality especially in the northern part of Nigeria. However, these efforts have not been sustained in the face of enormity of these problems. There are obvious gaps in policies, funding and political commitment with major underlying problems such as the scourge of poverty, weakened capacity of public institutions, low literacy levels and other entrenched negative health seeking behaviours. Other initiatives including the safe motherhood programmes in Nigeria to a large extent have not made the expected impact given the amount of funds and resources injected into it. Nigeria still has the worst record in Africa in reducing maternal mortality as illustrated by the prevailing maternal mortality rates, despite the country's enormous wealth, with northern part sharing the bulk of this number.

The disease conditions that lead to maternal mortality in Nigeria are the same as in most parts of the developing world. However, it is the adverse socio-economic and cultural circumstances under which these disease conditions occur that increase the likelihood of maternal mortality in Nigeria. This unfortunate situation is attributable to a variety of factors, some of which include: high rate of poverty and the poor state of our national economy, which have direct and indirect consequences for maternal health; the lack of recognition of maternal health as a priority in terms of resource allocation and systematic programming; a

low rate of political attention given to issues related to maternal health in the country; inadequate policies and legislations to address matters related to maternal health; the poor state of our health care delivery system; and the continuing adverse effects of some harmful traditional and cultural practices. There can be no doubt that maternal health is a critical determinant of the economic and social development of any nation, for which the Nigerian government must take more positive and affirmative action. One of the cardinal yardsticks to measure development in the world today had to do with level of development in the health sector, that is, the availability of health care centers and facilities; any country that cannot account adequately in her health sector is termed to be underdeveloped.

Child marriage must be abolished to reduce the prevalent of maternal mortality in Nigeria. Harmful practices against women and girl child must be removed from the system in order to reduce the menace of maternal mortality among the pregnant women in Nigeria especially the northern part.

Since most maternal deaths occur during the delivery and prenatal period, emergency obstetric care, skilled birth attendants, postpartum care, and transportation to medical facilities during complications are all imperative constituents of strategies to decrease maternal mortality.

Finally, action on the social and economic determinants of maternal health will lead to better health and development outcomes only if the Nigerian people are mobilized around a programme of change that they understand and share. Government must not be left alone in the fight against maternal mortality, other stakeholders must involve, and civil society must take the campaign seriously and coordinate itself in tandem with the focus of alleviating maternal mortality. Part of the problem of civil society in Nigeria today is that there is duplication of NGOs; it must be streamlined so as to give them term of reference for effectiveness purpose. However, not only is there weak coordination among these bodies, there has not been the recognition that there is a need to adopt appropriate approach to improve on maternal and child health. There is the need for a Health Summit coordinated by these bodies that can draw attention and action in the required directions. If this is done, it will assist in taming the prevalent of maternal mortality in the Nigerian north and Nigeria as a whole.

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