



Maternal Mortality and the Implementation of Maternal Health Policies in Zamfara State: Challenges and Issues

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Abstract

The Nigerian health system operates within the federal design of its political system. The 1988 National Health Policy revised in 1996 and 2004 lays out the different functions within the system. The Federal Ministry of Health is responsible for defining the overall policy framework for the health system of the whole country. There is a wide geographical variation on maternal mortality in Nigeria, with the north having a far higher rate compared to the south. The North-west zone has one of the highest figures of 1,549/100,000 almost ten times that of the south-western zone (165/100,000). The rural area, where most of Nigerians live, has a higher maternal mortality ratio (828 deaths per 100,000 live births) compared to the urban areas (351 maternal deaths per 100,000 live births). The leading causes of maternal mortality were eclampsia, sepsis, postpartum haemorrhage, antepartum haemorrhage, unsafe abortion, obstructed labour and heart failure. Also several intermediate social and cultural factors account for many of these deaths. In the face of these challenges, there have been efforts on the part of the Government of Nigeria and states to improve the health status of women and children. Data for this study were collected through review of secondary data; facilities based approached and questionnaire administration. The results of the study showed that there are several maternal health policies launched in Zamfara State and Nigeria but are faced with several challenges and issues of implementation. Zamfara State has put in place several interventions policies and programmes in order to improve the maternal health situation in the state and reduce maternal mortality. Many of the respondents interviewed are aware of some of the policies or their implementation. However, respondents are of the opinion that there are inadequate staff and equipment to cater for the maternal health services in the state. It is concluded that maternal mortality in Zamfara State still remain high and even higher than the national average of 576 according to the Nigeria Demographic and Health Survey of 2013 despite the implementation of some of these policies.

Keywords: Maternal mortality, maternal health, Health Policy, Northern Nigeria, Zamfara State

Background to the Study

In Nigeria, maternal mortality is still a relatively common event in spite of a steady increase in the provision of maternal services in the country. Those that do not die suffer untold hardship. Average maternal mortality ratio (MMR) figures for Nigeria are 800 to over 1,700/100,000 live births with a life time risk of 1:14-16 compared with 1 in 2800 in developed regions (National Population Commission, 2003). These figures makes Nigeria second only to India which however has a population eight times her own (Shiffman et al, 2007). Even though Nigeria makes up about 2% of the world's population, she contributes 10% of the world's maternal deaths (Adamu et al, 2003, FMOH 2007).

The exact numbers of women who die as a result of pregnancy and child birth each year are not known. However, the World Health Organization gave a crude estimate that "Worldwide", nearly 600,000 women between the ages of 15 – 49 die every year as a result of complications arising from pregnancy and child birth" (WHO 1999). Most of these women are poor and live in remote areas and often their deaths are not recorded. Many of these deaths take place outside the hospital but, even where registration systems are established, problems have arisen through the incomplete or inaccurate recording of data. Often there is no mention of the cause of death (Royston & Armstrong, 1989).

Most of the regional and worldwide statistics used to describe maternal death were formulated and projected prior to the safe motherhood initiative in 1987 (WHO, 1987, Abozahr, 1997). Since then, there has been a great deal of new information resulting from detailed surveys at community level (WHO, 1991). Maternal mortality is an indicator of disparity and inequality between men and women, and it is an indicator of women's low level in society as well as their access to social, health, and nutrition services and also economic opportunities (WHO, 1999). The poor state of women's health as well as their low status in societies and communities, particularly in developing countries accounts for a great number of maternal deaths (WHO, 1999; Koblinsky et al, 1993).

The risk of dying during childbirth for a Nigerian woman is 1 in 24, one of the highest even in sub-Saharan Africa. In a survey conducted by the Society of Obstetricians and Gynaecologists of Nigeria (SOGON) across the country's six geopolitical zones indicated that mortality rate in the northeast was 727 per 100000 live births, northwest had 3,974 while north central had 846 per 100,000 live births. The data was obtained from review of mortality from 1999 to 2003 in selected secondary and tertiary health facilities in the zones. In the face of these enormous challenges, there have been tentative efforts on the part of the Government of Nigeria and states to improve the health status of women and children. The government launched a revised population policy in 2004 and the national reproductive health policy of 2001 (FMOH, 2005) which included a commitment to fund reproductive health programs. An integrated maternal, neonatal and child health strategy was also launched in 2007 and several other policies. In 2009, the Federal Ministry of Health (FMOH) spearheaded development and launched a National Health

Strategy Development Plan Framework (NHSDPF) in order to harmonize a plan for the Federal Capital and 36 states and set primary health care indicators and targets and budget estimates for all health sectors including reproductive health and maternal health. The revised National Health Policy was formulated in context of other international conventions, treaties and agreements such as the New Partnership for African Development, MDGs and the Nigeria's National Economic Empowerment and Development Strategy (NEEDS) as part of comprehensive health sector reform (FMOH, 2004). Other policy documents put in place includes the National Gender Policy, National HIV/AIDS, National Adolescent Health and several other policies.

The Integrated Maternal Newborn and Child Health strategy addresses the six conditions responsible for over 90% of maternal deaths i.e. haemorrhage, infection, obstructed labour, hypertension, malaria and anaemia. It also addresses the most common conditions responsible for over 90% of under-five child deaths namely neonatal conditions (such as prematurity, sepsis and birth asphyxia), pneumonia, malaria, diarrhoeal disease, measles compounding by underlying malnutrition and more recently, HIV/AIDS. The strategy consists of high impact interventions which should be scaled up through three delivery modes: family-oriented community based services; population-oriented outreach and schedulable services; and individually-oriented clinical services (IMNCH-FMOH, 2007). There are several policies and intervention programmes that were put in place by Zamfara state government to improve the maternal health situation in the state and to contribute to the reduction of maternal mortality. However, according to the State Planning Ministry indicated that the maternal mortality rate for Zamfara in 1999 was 1,025/100,000 while it dropped to 684/100,000 live births in 2005 (Zamfara State, 2006, Zamfara State, 2014). The maternal mortality rate is alarmingly high compared to the national average for the same period and even the current national rate of 545/100,000 live births (National Population Commission, 2009). The figures were high due to poor PHC system and increased economic hardship (Zamfara State, 2006, Zamfara State, 2014). With all the policies at the national and state levels the maternal health situation in the country stood at 545 in 2008 and 576 in 2013 and that of Zamfara State was at over 1000 per 100,000 live births within the same period (National population commission, 2014, Zamfara State 2014). It therefore become imperative to review and examine the performance of the policies and programme implementation in Zamfara state with a view to give recommendations for the reduction of the high maternal deaths in the state, which necessitated this study.

Objective of the Study

The objectives of this study is to examine indicators for the policy and programme implementation to reduce maternal mortality in Zamfara state, Northwest Nigeria and to provide some recommendations for the implementation of maternal health policies in the state.

The study guided by the following objectives

1. To examine the availability of adequate equipments to care for pregnant women/provide maternal care

2. To assess whether health centres are adequately staffed
3. To examine whether maternal health policies are well implemented in Zamfara State

Research Questions

The research questions for this study are as follows:

1. What is the level of availability of equipment to care for pregnant women in Zamfara State?
2. Are the health centres adequately Staff in Zamfara State?
3. To what extent are maternal health policies being implemented in Zamfara State?

Methodology

Study Location

Zamfara State is located in the North West geopolitical zone of Nigeria and one of the 36 States in the Federal Republic of Nigeria. The state was created in 1996 carved out of the then old Sokoto state by late General Sani Abachas' military regime. The 2006 Census population puts he states projected population at 4,328,270 by 2015 with an annual growth rate of 3.2%. Majority of the state inhabitants are Hausa and Fulani with other ethnic groups in the minority: About 99% of the people are predominantly Muslims with about 1% Christians. The State capital is Gusau town which serves as its both administrative and commercial center.

Study Design

This study is used mixed method of descriptive study with some government health clinics and ministry officials, key informant and in-depth interviews with heads of health facilities, officials of the state ministries of health and budget and economic planning and review of secondary data from the National Demographic and Health Surveys of 2013 and 2008, as well as Data from the State Ministry of Health. Quantitative data was analysed using Statistical Package Social Science (SPSS) 16.0. The study was conducted between December 2013 and July 2015.

Ethical permission

For the study was received as part of the approval for the health promotion and prevention of maternal mortality (IIUM project) by the Zamfara State Health Research ethics Committee on 6th November 2013.

Results

Table 1: Rating of Clinic/Hospital Equipment to Care of Pregnant Women

Do you think your Clinic/Hospital have adequate Equipment to care for Pregnant Women/provide Maternal Care?					
	Options	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	26	41.3	41.9	41.9
	No	28	44.4	45.2	87.1
	Not sure	8	12.7	12.9	100.0
	Total	62	98.4	100.0	
Missing	System	1	1.6		
Total		63	100.0		

The table above shows respondents views on how adequately equipped are some of the health facilities in the state. About 44.4% of them are of the opinion that the health facilities do not have enough equipments and facilities to cater for women health care needs.

Table 2: Respondents' views on adequacy of Staffing in some Health Centres in the State

Is your Health Facility Adequately Staffed?					
	Options	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	27	42.9	43.5	43.5
	No	35	55.6	56.5	100.0
	Total	62	98.4	100.0	

In the table above 55% of the respondents are of the view that health centres and hospital in the state are not adequately staffed while 42% responded in the affirmative.

Table 3: Showing Respondents' views on Policies puts in place by the State and Federal Governments to reduce Maternal Mortality in the State

Are there state/Federal Policies in place to reduce Maternal Mortality?					
	Options	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	54	85.7	91.5	91.5
	No	5	7.9	8.5	100.0
	Total	59	93.7	100.0	

In Table 3 above respondents views were sought on the whether there are policies put in place by both the federal and State governments to reduce maternal mortality. Majority of

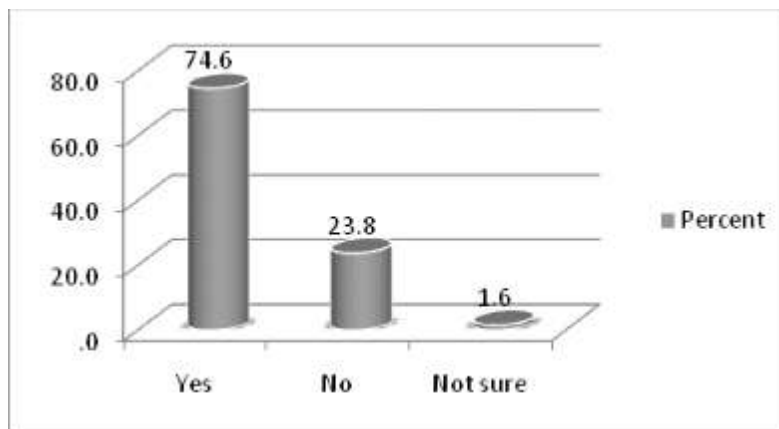
them said yes-91.5% indicating high awareness of the state policies and even that of federal on maternal health among the respondents.

Table 4: Implementation of the Policies to reduce Maternal Mortality

Do you think the Policies are being Implemented?					
	Options	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	40	63.5	78.4	78.4
	No	11	17.5	21.6	100.0
	Total	51	81.0	100.0	
Missing	System	12	19.0		
Total		63	100.0		

The Table above is on respondents view of the implementation of the State or Federal government's policies and about 63% of them are of the view that the policies are being implemented and only 17.5% of them said the policies are not being implemented.

Figure 1: Chart Showing the State of Poor Facilities and Equipment in the Health Centre



The Figure above is showing the percentage of the respondents whose opinion on whether the state of the health facilities are in poor condition and more than 74% of the respondents expressed the view that the health facilities are in a poor state. Which is an indication of their dissatisfaction with the infrastructure and how dilapidated some of the hospitals are.

Table 5: Maternal Deaths Recorded in some health facilities of the 14 Local Government Areas of the State in 2009 and 2010

LGA	Maternal Deaths 2009	Maternal Deaths 2010
Anka	331	143
Bakura	24	194
Birnin Magaji	112	93
Bukkuyum	325	342
Bungudu	49	96
Gummi	132	225
Gusau	654	657
Kaura Namoda	96	82
Maradun	107	198
Maru	706	176
Shinkafi	106	347
Talata Mafara	494	467
Tsafe	98	28
Zurmi	104	141
Total	3338	3189

Source: Zamfara State Ministry of Health Data Bank (2011)

Table 4 above is obtained from the State Ministry of Health- Health Information Management System Data Bank record for the available data on the facility based reported maternal deaths which recorded a total of over three thousand (3000) for 2009 and 2010 respectively and a cumulative total of 6527 maternal deaths for the two years.

Discussion

As part of its effort to revitalize its health sector and contribute to the reduction maternal and infant mortality the state government embarked on concerted efforts and policy thrust towards arresting the basic health problems and issues raised in this study above through the equitable provision of functional and accessible health facilities; adequate staffing of the health facilities; provision of safe, effective and essential drugs and health system strengthening and upgrading of primary and secondary health care. However, respondents in this study had mixed response on the adequacy and availability of equipments in the health facilities this study was conducted, which is an indication that the policy implementation needs to be improved and adequate and up to date health facility equipments need to be provided and put in place in order to have a well functioning maternal health services provision system. Therefore, the state government has to follow some strategies for achieving the above results by improving the infrastructure through rehabilitation and construction of new PHCs, procurement and distribution of health equipment; training and retraining of health personnel, strengthening of the obstetrics and gynaecology divisions of the hospitals etc as stated in

the policy document of the state (Zamfara State, 2006). For instance in 2007, the state held its first ever State Council on Health where issues and challenges were tabled and discussed and recommendations proffered. Some of the challenges in the state for the reduction of maternal mortality are as stated above and confirmed by this study.

As shown in the results table 2 the respondents indicated that there are no adequate number of staff to manage and cater for the maternal health situation in the state as more than half of the respondents are of the view that the staff are not enough in the health facilities to support the implementation of the health problem of the state. Though, numerous efforts were taken by the authorities, including the Safe Motherhood Initiative, it appears that all seemed not to have yielded the expected results of reducing maternal mortality due to the many challenges confronting Maternal and Newborn Health programmes in Zamfara State, Northern Nigeria and Nigeria at large as confirmed the recent National Demographic and Health Survey of 2013 (National Population Commission, 2014).

Most of the existing data reviewed in this study indicated that the leading causes of maternal deaths in Nigeria and northern Nigeria include obstructed labour, postpartum haemorrhage, unsafe abortion, eclampsia and puerperal infections. Though, it is evidently clear that there are several proximate and intermediate social and economic factors that contribute significantly to these maternal deaths. Also there is high level of poverty in the country, particularly among women. The low status of women, high prevalence of harmful traditional and cultural practices, are all major obstacles, to women's access to much needed reproductive health information and services including the low educational level, attendance of antenatal clinic, institutional delivery and contraceptive prevalence rate (FMOH, 2009; FMOH 2007; FMOH 2005; Adamu YM et al., 2003). Other factors that contribute to the failure to significantly reduce maternal and neonatal mortality in Nigeria and particularly in some Northern Nigerian states including Zamfara State are at the political level there is periodic discontinuation of policy and programme direction, due to changes in governments and policy thrust by the government by different governments at all levels. Also most governments are highly dependent on donor driven programmes as was discussed in another paper by the authors, also the current slight of focus to HIV / AIDS programmes and exclusion and little attention to Maternal and New born Health assisted programmes (Galadanci, 2010; Okeibunor, Onyeneho and Okonofua, 2010).

As mentioned earlier the country has poorly functioning health systems, with weak referral systems, especially during obstetric emergencies especially at the local and community levels. Poor logistic for management of drugs, family planning commodities and equipment is also a major challenge. There is lack of access to, availability and use of quality skilled care during pregnancy, childbirth and the immediate postnatal period or after delivery. The weak human resource, capacity development and management, including the continued emigration of skilled personnel to other countries, there is also high attrition of staff from public to private sector, and also the refusal of skilled birth

attendants to work in rural areas. Some of the other issues are poor attitudes and performance of health personnel at the health facilities, absenteeism, and poor quality of health service provision. The supervision and monitoring and evaluation are weak as well as weak health management information system for strategic planning, data gaps and lack of linkages of available data. While in terms of governance there is the element of corruption, lack of probity and accountability in service delivery (Galadanci, 2010; Ezeanochi, Olugbuji, Aghalor and Okofua, 2010; FMOH, 2007 and Harrison, 2009).

At the Societal/Community Level other contributing challenges include poor infrastructural provisions for example rural road network and transportation which will reduce transportation barrier to accessing health care. There are negative socio-cultural barriers, harmful traditional practices, and low status of women, limited information and knowledge about services and poor decision making power and inadequate male involvement in MNH services. As well as other delays in accessing services and consequently low service utilization level. The results in this study have shown some high level of awareness on the maternal health policies as about 63% of the respondents in this study indicated that in their opinion the policies are being implemented, which did not translate and lead to changes in the maternal health situation as can be seen in the maternal deaths figures for 2009 and 2010 in Table 5 above. The maternal deaths figures for the two years are all above 3000 which is correspondingly high if the policies are well executed and implemented. Other responses among the study participants in respect of staffing and equipping of the health facilities and other research questions addressed elsewhere in other papers on Zamfara State further confirmed the discussions in this study and in other studies conducted by the authors of this study and other similar studies elsewhere.

Conclusion

In this study the implementation of maternal health care policy and other related policies was examined and reviewed in Zamfara State Northern Nigeria. It is concluded that in spite of various policies, strategies and action plans adopted by all levels of government, the problem of maternal mortality has persisted, lingered and is endemic in Zamfara State Northern Nigeria as it still has one of the highest rates of over 1,000 maternal deaths per 100,000 live births.

Recommendations

Based on the study above it is therefore recommended as follow:

1. The State government should establish a maternal mortality monitoring law with an implementation strategy through the Zamfara State House of Assembly to enact a law on monitoring and reporting of maternal deaths across the State.
2. The State government and its local councils should form and inaugurate committees on maternal mortality monitoring.
3. The State government through its media house and other information medium should create awareness and enlighten the general public on the law and issues of maternal mortality.

4. Also it is recommended that the Federal and State governments should ensure the full implementation of the national reproductive health, integrated maternal and newborn health policies through the provision of free services to pregnant women and children under the age of five. The Implementation Strategies for the recommendation above should include-The Federal government through Federal and State Ministries of Health to ensure strict and full compliance with the policy provision through procurement and making available RH, MNH and FP commodities for the whole country.

In addition the Federal and State governments to commit the required 15% of their budgetary allocation and fiscal financial releases to the health sector and ensure adequate funding provision to maternal health services.

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