

## Towards Safe Motherhood

As we move towards the landmark year 2015, nations are beginning to assess the prospects of attaining the Millennium Development Goals. It is apparent that the more attention we pay to the health of women, newborn and children, the greater the likelihood that any society will achieve the MDGs. Recently in London, at the 'Women Deliver Global Conference,' about 2000 people from 109 countries examined the alarming incidence of maternal mortality for three days. The timing of the London meeting is significant in two respects. Women Deliver is the 20th anniversary of the launch of the global Safe Motherhood Conference in Nairobi, Kenya. It also came at the midpoint between the year 2000 (when the 192 countries of the United Nations adopted eight MDGs, and the 2015 target date for their achievement. Goal No. 5 of the MDGs, which is to improve maternal health, is often called the heart of the MDGs because if it fails, others will, too. Maternal health underpins all the other MDGs, particularly those aimed at improving newborn's- and child health, reducing the toll of HIV/AIDS, ensuring universal access to education, and promoting gender equality. Meanwhile, maternal and newborn health still receives inadequate attention and funding almost all over the world. In Nigeria, the attention given to women's reproductive health, which ties with the health of the newborn and children under the age of five is so inadequate that we should make up our minds to reduce the incidence of mortality in accordance with the MDGs. Currently in Nigeria, no less than 59,000 women are believed to die from pregnancy and delivery-related causes annually. And for every woman who dies, between 20 and 30 more are believed to develop short and long term disabilities. As a result, between 1.08m and 1.62m Nigerian women and girls suffer one disability or the other caused by complications during pregnancy and childbirth annually. Indeed, 40 percent of pregnancies in the country are believed to suffer from one type of complication or the other. The situation with newborn and children under five is worse. Neonatal mortality rate in Nigeria is estimated to be 48 per 1,000 live births; while infant mortality and under-five mortality rates are put at between 100 and 201 per 10,000 live births. It is, however, true that not less than 70 percent of the deaths that occur during childbirth in Nigeria and in fact, the whole world, are avoidable with effective low cost investments. This is why commentators on the health sector in Nigeria very randomly situate the reason for this alarming rate of loss of lives in the collapse of the health system. To be sure, the national health system leaves much to be desired. We lack adequate data to even plan for proper and well articulated health delivery. Hospitals at the tertiary, secondary and primary levels are usually ill equipped and badly managed, while we are almost without a well coordinated referral system. There are even more reasons to suspect the Nigerian health system. The average health worker in Nigeria is not motivated and we keep losing our best hands to developed countries who can guarantee their livelihood. In Nigeria, hundreds of thousands of women go through the whole nine-month state of pregnancy without seeing a doctor once. Many deliver their children at home, and when complications arise there are no competent hands to administer life-saving interventions. Therefore, one of the problems that the health system must tackle is that of access. One of the revelations of the Women Deliver Conference is that the war against maternal and infant death can only be won if every sector of the national life worked together with the determination to invest more in women. We must recognise that poverty, income inequity, underdevelopment, gender disparity, discrimination, poor education, conflict, gender-based violence, food and nutrition insecurity all contribute to the poor health of women and children. Therefore, interventions to address maternal and newborn health must be multi sectoral, to maximise their impact. The education of women and girls is central to the reduction of deaths from childbirth. Nigeria terribly lags behind in this. According to UNICEF, of the 3.2m children who are out of school, 2.6m of them are girls. Now, this is a sad testimony to the future of the country, as the education of a girl is the education of a whole generation. As Carol Bellamy of UNICEF once said, the education of the girl-child is the single intervention that could produce the best, most wide-ranging results for long-term sustainable development. 'It is the world's best hope,' he concluded. But we need to go some steps further towards dealing with all the encumbrances to the emancipation of women. These efforts must include the economic empowerment of women with the aim of reducing the level of poverty and income inequity. We must provide access to micro credit and micro-finance for women. We also need to embark on legal reforms to deepen a woman's power of choice over her reproductive health. The Nigerian government has, in the last eight years, shown greater commitment to the health of pregnant women, newborn and children. It is expedient that government implement its avowed declaration to make health care free for pregnant women and children under five. This should course down to the local government level where at least 70 percent of Nigerians reside. Various tiers of government must consider making transportation to medical facilities free for pregnant women, as some neighbouring African countries have done. This is one of way of making access to hospitals easier for women and thus save lives. Also, government must improve the infrastructure in the health facilities, fully equipped with well-trained personnel. We should also build the capacity of traditional birth attendants to observe safe practices. The birth of a child should be a happy moment in a mother's life- not her last and we all have a role to play in making it a most memorable moment for every woman in our country.

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