MATERNAL MORTALITY IN NIGERIA: CAUSES AND IMPLICATIONS

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Abstract
One of the problems of public health is the increasing rate of maternal mortality in the world. Globally, thousands of women die annually from complications during pregnancy, childbirth, or postpartum period, with most deaths occurring in developing countries. As a result of poor health and poor health care, many women in developing countries are faced with the risk more often because, on the average, they have more pregnancies. This paper therefore aimed at identifying the causes of maternal mortality in Nigeria. The paper concludes by suggesting that government should subsidized maternal health care services, train Traditional Birth Attendants (TBAs) to improve on their performance and lastly, government should empower and improve the status of women in Nigeria.
Keywords: Child birth, Health care, Maternal mortality, Morbidity, Pregnancy

Introduction
In Nigeria, maternal mortality is the leading cause of premature death and disability among women of reproductive age. It is rated as one of the country with a very high maternal and infant mortality rate with majority of the deaths occurring in the rural areas (Uguru, 2001). Maternal health is an issue that affects the women and new born (Olawale, Tomike, Oluwatobi & David, 2019). Maternal health is specifically refers to health care surrounding child bearing that is antenatal care, delivery assistance and postnatal care (Graham, Ahmed, Stanton, Abou-Zahr & Campbell, 2008). The health of a mother is very crucial because it has effect on the health of every member of the household, particularly that of children and aged people. The incidence of maternal death usually lead to motherless babies, abandoned babies, killing of infants, widower etc. These could be devastating to the husband and family, and where the child survives, the pain and stress of bringing him\her up could be enormous in addition to the costs of losing one's loved one. According to the World Health Organization (WHO), Nigeria had the second highest number of annual maternal deaths in the world in 2010 and contributed 14% of all maternal deaths globally. As at 2015, Nigeria has a maternal mortality ratio of about 814 per 100,000 live births. It was also revealed by WHO that an estimated global total of 13.6 million women died between 1990 and 2015 as a result of maternal health problems (WHO, 2015).

Maternal mortality remains a major indicator used in measuring the level of development of a society and the performance of the healthcare delivery system. A high percentage of women in Nigeria are vulnerable to illness, disability and even death as a result of lack of access to comprehensive reproductive health services. This situation has put Nigeria as one of the highest in maternal mortality rates in the developing nations (Mojekwu & Ibekwe, 2012). Maternal mortality is generally defined as the number of women who die per 100,000 live deliveries as a result of pregnancy related complications. According to World Health Organization (2015) maternal mortality refers to the death of women while pregnant or within 48 days after

termination of pregnancy, irrespective of the duration and site of pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental causes.

According to the training manual on life saving skills (2005) maternal mortality is sub-divided into: Direct maternal death (includes death from obstetric complication of pregnancy, labour and puerperium and from intervention- omission, incorrect treatment or from a chain of events resulting from any of the above); Indirect maternal death (are death resulting from previous existing disease or disease that developed during pregnancy which was aggravated by pregnancy such as diabetes, hypertension etc) and Fortuitous death (indicate death that occur from pregnancy or by chance). In order to reduce maternal mortality, government have introduced International Safe Motherhood Initiative (SMI) in 1987, International Conference on Population and Development (ICPD) in 1994, United Nations Millennium Development Goals (MDGs) 20007 and Sustainable Development Goals (SDGs) 2015, in addition to other country-specific programs still, many women and babies die during pregnancy and childbirth in developing countries, including Nigeria (Rabiatu, Eugene, Wasiu, Omolaso, Elijah, Ogunsola & Bola, 2019). This study therefore aimed at identifying the causes of maternal mortality among women of child bearing age despite the measures and cares given to the pregnant woman especially at the ante-natal clinic.

Causes of Maternal Mortality

The average woman in developing countries is about 30 times more likely to die from pregnancy-related causes than the average woman in a developed country. The greatest risk of maternal mortality was among young teenagers (>15 years) and older woman (<40 years) (Eke, 2007). Inadequate knowledge of women on reproductive health is one of the major causes of maternal mortality. Most maternal complications and death occur either during or shortly after delivery, yet, many women do not receive the essential health care they need during the period (Aro, 2007).

According to Dominic, Akunna, Emeka, Davies, Moses & Raphael (2017), the contributing factors to maternal mortality can be grouped into three;

i. Medical causes: bleeding infections, anaemia, heamorrhage, hypertention, obstructed labour, unsafe abortions, etopic pregnancies, caesarians section, blood transfusion meningitis, HIV/AIDS, eclampsia, sepsis, acute renal failure parasitic and haemoglobino pathes etc.
ii. Socio-cultural and economic causes; poverty, malnutrition, ignorance, culture, illiteracy, religion beliefs (which act as barrier to utilization of available health services), early marriage, rural and urban setting and communication difficulties.
iii. Health services causes: lack of essential obstetric care, lack of access to family planning counseling and services, lack of material and human resources, poor health care delivery, shortage of health facilities, traditional birth attendants etc.

Verbal histories and death certificates data have been used to describe the causes of maternal mortality in developing countries. Verbal histories which also known as verbal autopsies, are based on occurrences reported to have been observed by family and community members with little or no medical background. Such histories are used for identifying the medical and social causes death and often the sole information available on the etiology of maternal death where

women give birth at home (Nancy, Langer, Hernandez, Romero & Winikoff, 2001). From findings, majority of the causes of maternal deaths are preventable through antenatal care, prompt referral, active management of labour, access to family planning and availability of caesarean section services.

Theoretical Background

This study is based on functionalist theory. The main assumption of the functionalist theory is that social institutions must work and adapt to each other for a society to survive. The theory emphasized on working together of all the interrelated stages of pregnancy ranging from family planning, pregnancy, delivery to the postpartum days for a successful pregnancy/maternal outcome. This theory is based on four functional prerequisites that are connected to social and cultural imperatives; adaptation, goal attainment, Integration and latency. The first functional prerequisite is an 'adaptation' which refers to the association between the social system and its environments. It is important to note that for the society to stay alive, social systems must have some measures of control mechanism over their environments. Food, clothing and housing must be available to meet the physical and social prerequisites of citizens in the society. The second functional prerequisite is the 'goal attainment' which refers to the need for all members in the social order to set goals towards the direction of social events. The responsibilities of governments are not only to set objectives but also to assign resources to accomplish them. Integration is the third functional prerequisite which deals with bringing together and joint adjustments of the societal systems.

The fourth functional prerequisite is 'latency' meaning the constant upkeep of values, norms established in the social world. Educational system, religion and the family are the social organizations that execute the above responsibilities (Farganis, 2003).

Empirical Review

Begum and Aziz (2002) carried out a research in Ayub Teaching Hospital Abbottabad to determine the causes of maternal mortality and preventable factors between january 2000 to december 2001. The major causes discovered were haemorrhage (34.6%), eclampsia (30%), Sepsis (19.2%), hepatic encephalopathy (3.8%), lack of education, lateness in antenatal booking and long distance from hospital. Eke (2007) also carried out a research based on the trend of maternal mortality at the University of llorin Teaching Hospital from January 2004 to June 2006. He discovered that the major direct causes of maternal mortality are: haemorrhage (35.6%), Septicemia (24.7%), aneamia (13.7%), while the most important indirect causes were fulminant hepatitis (5.5%), drug intoxication (6.85) and pulmonary embolism (2.7%). He suggested improvement in immunization of women against tetanus, improved education of women and adequate training of Traditional Birth Attendants as well as greater investment in hospital facilities.

A study on the factors influencing maternal mortality among rural communities in southwestern Nigeria was done by Dominic et al., (2017) using a multistage sampling technique and an informant survey approach. The data were processed using descriptive statistics and regression analyses. The *F*-statistic confirmed the hypothesis that non-medical factors influence maternal mortality. Olawale et al. (2019) examined the maternal health care system in Nigeria. It was noted

that apart from the medical related causes (direct and indirect) of maternal mortality, certain socio-cultural and socioeconomic factors influence the outcome of pregnancy. Also, a poor health care system, which is a consequent of weak social structure, is a contributing factor.

Rabiatu et al. (2019) also investigated the causes and contributory factors of maternal mortality in Ogun state, Southwest Nigeria from 2015 to 2016 using total sampling method and analyzed the data using the Statistical Package for Social Sciences (SPSS) software 20.0. The result revealed that haemorrhage and eclampsia account for 43.4% and 36.9% of causes respectively. The study also showed that the leading contributory factors of maternal deaths are: inadequate human resource for health, delay in seeking care, inadequate equipments, lack of ambulance transportation, and delay in referrals services. 51.1% of the women had antenatal care while a significant proportion of the women were referred from Traditional Births Attendants (TBAs) and mission houses.

Conclusion

Maternal mortality still remains very high in Nigeria due to socio-cultural, economic, health care services and logistics. These factors limit women's health seeking behaviour, making pregnancy and childbirth dangerous. The situation is serious in rural areas in Nigeria where the health care system is poor and overstretched, in addition to the poverty level being high. Therefore Nigeria needs immediate intervention to reduce her unacceptably high levels of maternal deaths.

Suggestions

To reduce maternal mortality rate in Nigeria, government should put the followings in place:

1. Subsidized maternal health care services.
2. Empowering and improving the status of women.
3. Improvement in transportation and telecommunication services and upgrade clinics and hospital facilities and equipments.
4. Provision of family planning services and improvement in immunization of women against tetanus.
5. Train Traditional Birth Attendants (TBAs) to reduce their limitations and improve on their performance.
6. Provide more manpower and skilled midwives at the community level for safe delivery.

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