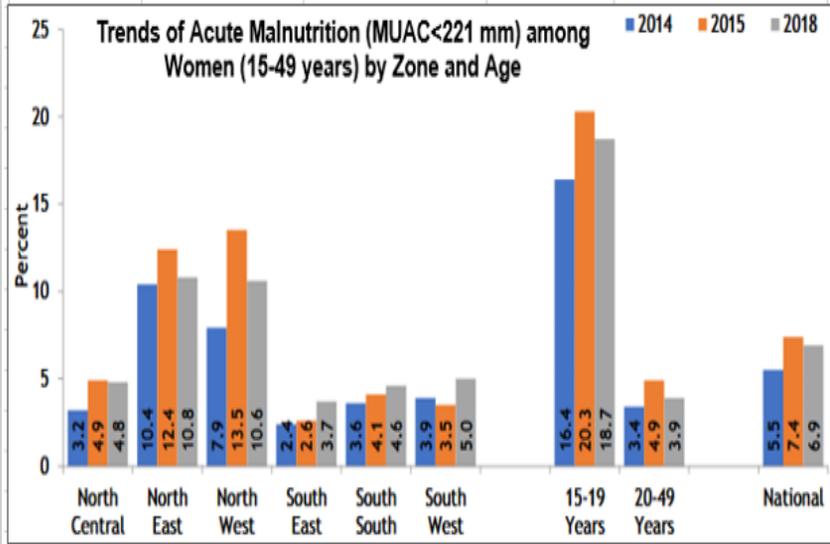


FACT SHEET ON WOMEN HEALTH IN NIGERIA

MALNUTRITION FOR PREGNANT WOMEN

Most pregnant women in Nigeria suffered a condition related to poor quality or insufficient quantity of nutrient intake, absorption, or utilization. According to the National Nutrition and Health Survey (NNHS) 2018, Nigeria pregnant women suffered acute

Figure 1: Percent of pregnant women by geopolitical zone and age in years (2014, 2015, and 2018)



nutrition - protein-energy malnutrition resulting from deficiencies in any or all nutrients.

Recent findings have shown the importance of the nutrition of adolescent girls for birth outcomes and

subsequent nutrition throughout the lifecycle¹. When a pregnant woman is nutritionalized, she become healthier and productive. This also good for the unborn child but when the reverse is the case, they become burden to the society and they put the life of the child in danger.

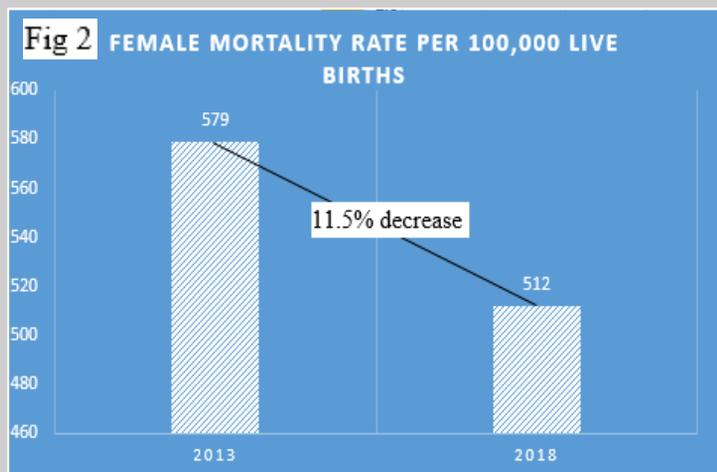
Accordingly, 6.9 percent of Nigerian women of reproductive age (15-49) are acutely malnourished and 3.8 percent as severely malnourished².

This condition was more prevalent among women in the North West and the North-Eastern of the country where acute at stood at 11 percent. In the other four zones, acute malnutrition prevalence in women was either 5 percent (South West) or below. The South East States reported the lowest prevalence in terms of acute malnutrition in women. Overall, 7 percent of Nigerian women of reproductive age were reported as malnourished. Thus, younger mothers appear more disadvantaged nutritionally.

MATERNAL MORTALITY AND MORBIDITY

One of the goals of SDG 3 is to reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030. However, in Nigeria, the current female maternal mortality ratio for 7 years period before the 2018 NDHS is estimated at 512

maternal deaths per 100,000 live births. This decrease with 11.5% from the previous survey on the female mortality rate of 579 per 100,000 live births conducted in

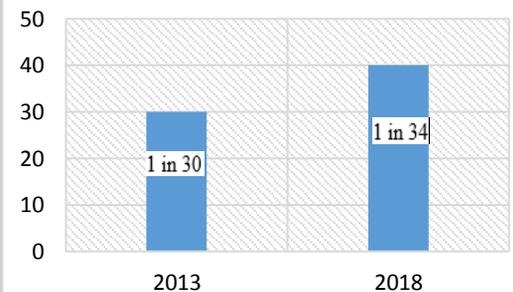


2013. Also, the pregnancy-related mortality ratio (including deaths from accidents or violence, comparable with previous NDHS surveys) for 7 years period before the 2018 NDHS is estimated at 556 pregnancy-related deaths per 100,000 live births (See fig2).

The adult mortality rate among women is 3.18 deaths per 1,000 population compared to 3.25 deaths per 1,000 populations among men.

Also, the lifetime risk of maternal death shows that one (1) in 30 women in 2013 had a death related to pregnancy or childbearing (See fig 2 below). This has increased to one (1) to 34 in 2018, representing an increase of 13.3%.

Fig 3: Lifetime Risk Of Maternal Death



ACCESS TO HEALTH CARE AT PHC LEVEL,

According to the Alma Mata Declaration of 1978, health is a fundamental human right and that government has a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A cursory look at Nigeria, a country with a population of about 193,392,517 (NBC, May 2018) and over 10,000 health facilities, both publicly and privately own spread across³ could only boast of 5 beds per Ten thousand (10,000) population⁴. Giving the available health

¹ <https://www.prb.org/nutritionofwomenandadolescentgirlswhyitmatters/>

² National Nutrition and health survey (NNHS) 2018

³ Nigeria Strategy for immunization and PHC system strengthening (NIPSS) 2018-2028.

⁴ Human development indices and indicators 2018, statistics update, UNPD

facilities, women faced serious challenges trying to access them. Overall 29 percent had to go a long distance to access the health care facilities. Only 39.4% of mothers delivered their baby using the health facility (public and private). On this issue, 42 percent of Nigerian women claim money is a key to access health care. The inability of accessing health care creates a burden on pregnant women, and thus contributes to the maternal mortality rate annually.

More so, 59.6% delivered their baby at home. A significant number of women also seek self-medication to cure their ailments. All these have been attributed to the altitude of the health workers', high cost of health care, unavailability of health facilities, poor education and awareness, poor quality of service, trust for the providers and lack of will by the government.

While many health care facilities have been dilapidated, many health workers are not available in rural areas where most issues of poor access and maternal mortality are high. During delivery, many women do not have access to health skilled health worker. The women access to the skilled health workers increase from 38.1 percent in 2013 and 43.4% in 2018. Although this is below average but it shows an increase of 13.9% (see fig 5 below)

pillars of sustainable development. This is to give hope of better health care and protection of the poorest and the most vulnerable population against financial risk irrespective of their age, regional affinity, race, and sex.

It's been exactly one year since the "Addis Ababa Call to Action" where Nigeria along with other African countries made a commitment towards closing funding gaps and achieve universal health coverage by 2030⁵. This was three years after Nigeria published its 2016 National Health Policy with a vision "Universal Health Coverage (UHC) for all Nigerians".

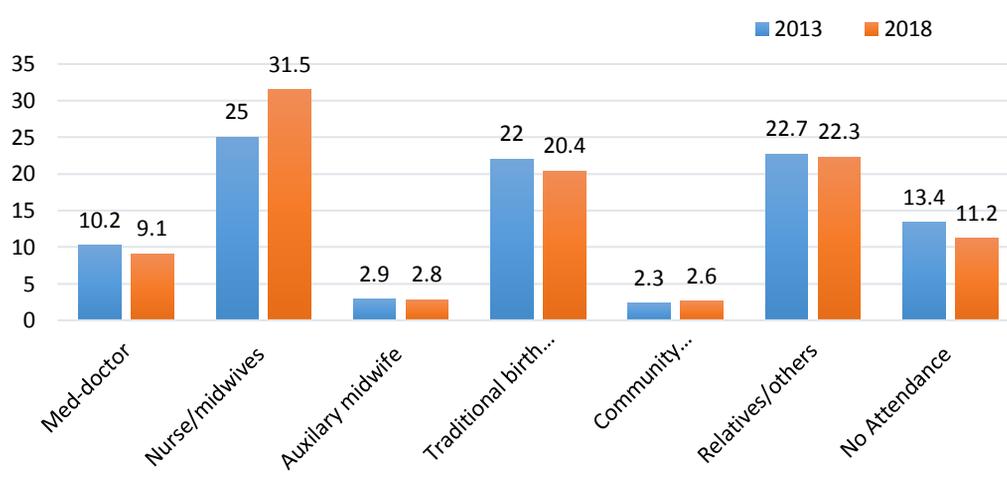
The vision indicates a serious commitment towards UHC, however, weak governance and enforcement, inadequate infrastructure and poor service quality, and adequate allocation to health, as well as prompt releases and cash back, works against this commitment.

When the government refuses to take seriously health financing, whatever the intensity and the beauty of the vision and programs it has on health, the objectives of the UHC in the country will always be imaginary. The priority on health is very low.

This year, overall health budget constitutes just 4.1 percent of the total 2020 budget allocations. This represents 11.9% shortfall of the 2001 Abuja declaration commitment. It also shows the government lack of readiness to improve Nigeria health delivery and make it work for the poor and the most vulnerable.

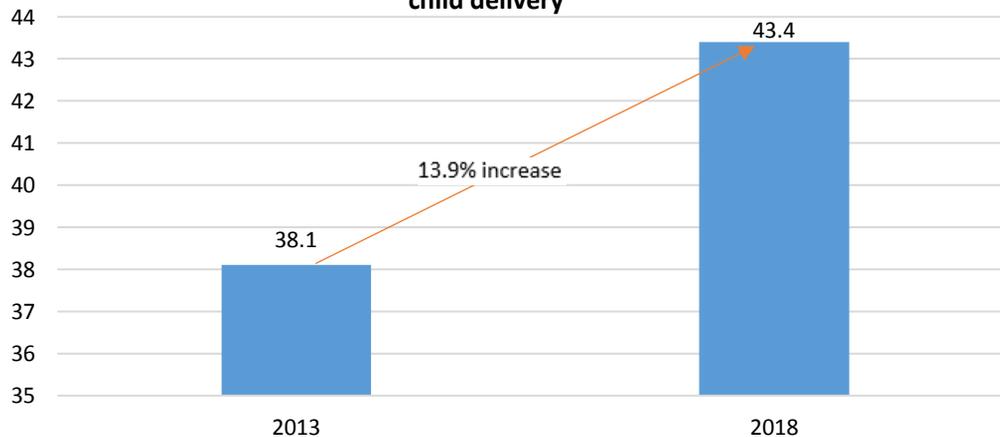
Thus, women are most vulnerable when it comes to poor health care in the country. Currently, 80% of married women have the potential for a high-risk birth. Also, about 145 women of childbearing age and 2,300 children under 5 years of age die daily in the

Fig 4: Women Access to Assistance During Child Delivery



Sources: NDHS 2018

Fig 5. % of women having access to skilled health attendant during child delivery



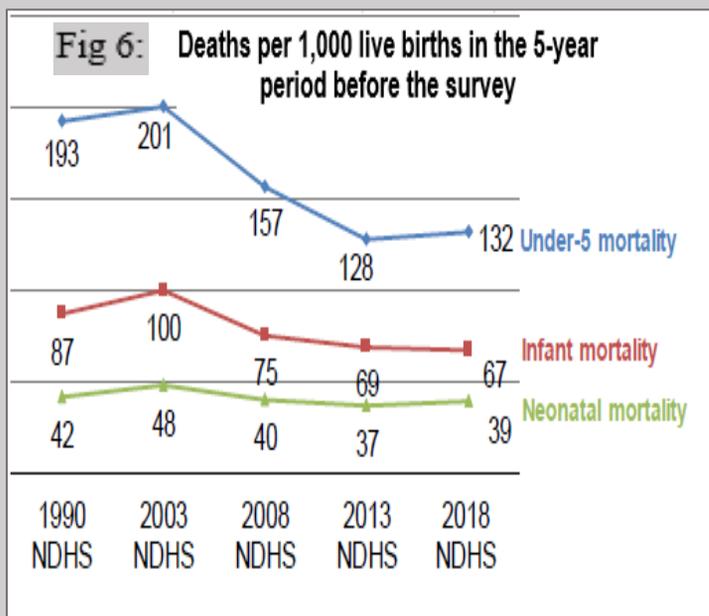
Sources: NDHS 2018

UNIVERSAL HEALTH COVERAGE OF WOMEN IN NIGERIA

Giving the various challenges in accessing health care around the world, the United Nations in 2012 affirmed the Universal Health Coverage (UHC) as one of the key

⁵ <https://news.un.org/en/story/2019/11/1051571>

country⁶ due to ailment and condition that can be easily prevented if they have access to health care. The DHS 2018 also shows that the infant mortality rate was 67 deaths per 1,000 live births for 5-year period preceding the survey, while under-5 mortality was 132 deaths per 1,000 live births. This implies that more than 1 in 8 children (both male and female) in the country die before their 5th birthday.



In the 5 years preceding the survey, 63% of infants were at elevated odds of dying from avoidable risks: 40% fell into a single high-risk category, and 23% fell into a multiple high-risk category. Only 23% of births were not in any high-risk categories. If the other countries are achieving the targets of SDG 3 which includes but not limited to ending pregnant death, preventable deaths of newborns and children as well as maternal mortality by 2030 through UHC,

Nigeria may continue to move in a vicious circle, giving its current state of health financing.

IMPACTS OF UNDERFUNDING OF HEALTH CARE ON WOMEN

- Poor access to health care
- High rate of maternal mortality
- Lack of adequate health facility
- High cost of health services
- Self-medication.

WOMEN'S REPRESENTATION ON HEALTH BOARDS

Women constitute about 49.1% of the Nigeria total population⁷. Contrarily, Previous studies show that their population does not correspond to their active participation in the policymaking and implementation⁸. Although there is a dearth of information about the number of women in the various agencies and parastatal working on the issue of health. Evidence abounds that women are much more neglected when it comes to deciding the problems that affect their health and security in the government.

This year, the theme of the 2020 International Women Day focuses on "I am Generation Equality: Realizing Women's Rights". In essence, the Nigerian constitution and other policies such as the National Gender Policy of 2007 emphasized the need for equality and lack of discrimination in all spheres of life. Similarly, section 17 subsection 1 of the 1999 CFRN as amended states that "State social order is founded on ideals of Freedom, Equality, and Justice". Section noted that in furtherance of the social order every citizen shall have equality of rights, obligations, and opportunities before the law.

Although this law is available in principles, the application of the law and policies has been major issues over the years. Women are still being neglected and the domination

of men in the public decision making process cannot be overemphasized. Therefore, women must continue to be active and voice for their rights if they must determine the problem that affects their health and security.

WHY WOMEN ARE UNDER REPRESENTED IN THE HEALTH BOARD.

- Poor political influence
- Low participation in partisan politics
- Weak networking strategy.
- Cultural and men hegemony.
- Lack of economic power
- Gender stereotype among women

RECOMMENDATIONS

- There is a need to identify and resolve various challenges making difficult for women to reach the health facility.
- Effective health care funding is necessary.
- Incorporate women in the various platforms where they give a women perspective to issues that affect Nigeria health care as a whole.
- Adequate representations. They should be well represented on various health-related platforms such as the Basic Health Care fund coordinating mechanism, National Primary Health Care Board, etc.
- Expansion of the primary health care facilities to the most vulnerable communities across Nigeria.
- Women should be consulted, empowered and engaged in health programs and projects.
- Effective campaigns on promoting gender equality are potential to break male hegemony.
- cultural re-orientation.
- Strengthening the voice and leadership of women for continuous organizing, and campaign.
- Advocacy for the promotion of new attitudes, values and behavior on gender equality

⁶ Ebuka Onyeji, "National Health Dialogue: 'Nine Reasons Nigeria May Not Achieve Universal Health Coverage by 2030'", *Premium Time*; April 10, 2019.

⁷ 2017, statistical report on women and men in Nigeria; National bureau of statistic 2018.

⁸ Ibid