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A SOCIOLOGICAL PERSPECTIVE OF GOOD HEALTH AND WELLBEING: A STUDY OF THE PREVENTION OF MATERNAL MORTALITY IN NIGERIA

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ABSTRACT

This article on the Sociological perspective of public health adopts the third goal of Sustainable Development Goals (SDGs), which is good health and well-being. One of the first targets of goal three is to reduce the global maternal mortality ratio. The primary aspiration of all developing countries remained sustainable development. However, maternal mortality in Nigeria has become a public health concern. The study used secondary data from online sources and World Bank World Development indicators. Findings showed that poor health management, poor access to health facilities, poverty, unemployment, high

Introduction:

This article adapted goal three of the sustainable development goals emphasizing good health and wellbeing. Maternal mortality is a social problem that is of great concern all over the globe that requires increased attention and investment regarding efforts, human resources and the necessary finances to help curtail the menace and improve current efforts worldwide.

In Africa, it is estimated that every two minutes, a

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illiteracy level and ignorance, especially among rural dwellers, poor gender relations, and a dearth of project management expertise had affected development. The implications showed that maternal care is absent, increased poverty and productivity. The article recommends that the government fight poor health management and corruption, ensure comprehensive health management and intensify public sensitization, especially for rural dwellers.

Keywords: Maternal Mortality, Good Health, Public Health, Poverty, Management, Sensitization

female sex loses her life as a result of childbirth or pregnancy-related complication. In addition, African women face a higher risk of losing their lives in giving birth to new offspring than developed countries. Each year in Africa, approximately twenty million mothers who survive childbirth are affected by multiple chronic ailments resulting in maternal morbidities (Panel & Brief, 2010).

Nigerian government at the Federal and State level has heavily invested in health facilities, training and retraining medical workers to meet the population's needs. However, despite the investment, the doctor-population ratio remained at 1:6000, far below the WHO recommendation of 1:650 populations. Consequently, this article relates to the five learning outcomes (Nwaizugbe, 2004).

Extended and Focused Critical Discussion

The unit learning outcome for this section is the critical analysis of the sociocultural factors shaping public health policies and interventions with an emphasis on maternal health in Nigeria. Nigeria is a patriarchal society in terms of tradition. A system in which women are subjugated and discriminated against right from birth to adulthood, especially among rural

dwellers. One of the major concerns faced by a female is the issue of gender disparity, whereby women are seen receiving less attention compared to men. In addition, cultural, social and economic factors like gender inequality in access to food, the burden of work, and special dietary requirements such as iron supplements compound limited access to medical services. This is why rural women are trapped in a chain of ill health accelerated by pregnancy, childbearing and physical or complicated labour. Also, seclusion, especially among northern Nigerian women, has compounding effects on the maternal mortality rate of Hausa women in the region (Ezeh, 2004).

The United Nations Convention on the Elimination of Discrimination against Women (CEDAW) clearly states women's rights. Also, it demanded the protection of their human rights and inclusion in all spheres of public and private life. This policy still needs to be part of Nigeria's domestic framework, although ratified by CEDAW in 1985. Although, the Nigerian government was able to approve National policy on women to incorporate women into its national political development as decision-makers, beneficiaries and equal partners of Nigeria through its removal of Gender-based inequalities (WHO, 2010). The policy is aimed at including women in all aspects of national life, especially in science and technology, education, healthcare, agriculture and industry, employment, legal justice, environment media and social services. In addition, it aimed to eliminate all negative aspects of Nigerian culture that only harm women. The policy also challenged the patriarchal status quo by raising rural Nigerian women's status (WHO, 2007).

Although recent analysis showed that the country is gradually making progress in reducing maternal mortality rates, the reduction rate remained low and poor to achieve the SDGs goal. Thus, a sociological inquiry of this nature is expedient to gain more insight into some of the sociocultural

factors militating against the goal of good health and wellbeing before 2030.

Maternal mortality is a sensitive indicator of the status of women in society, as well as access to health care and the adequacy of the health care system in responding to their needs. Without a doubt, Nigeria's maternal mortality rate (MMR) calls for urgent action. Although, recent United Nations" figures place Nigeria second to India on the MMR table (Ogbonnaya & Olawale, 2008).

Research into this sensitive aspect of life will shed more light on certain sociocultural factors that precipitate maternal health challenges and help to initiate more sensitive intervention strategies. Secondly, improving maternal health was the key outcome of the international conference on safe motherhood convened by the Inter-Agency Group in 1987 to identify global strategies for addressing the high rate of maternal mortality in developing countries (Lule et al., 2005; WHO, 2007).

Several international conferences have been convened to address women's development issues, including the Beijing conference in 1995, the International Conference on Population and Development (ICPD), which took place in Cairo in 1994 and the United Nations MDGs. However, the growing pain is that years after the conference declarations, Nigerian women still encounter several challenges due to pregnancy-related illness. The sociocultural factors affecting maternal mortality can be discussed below:

a. **Education:** Education of women influences maternal health in a variety of ways, including attitudes towards childbearing, health-seeking behaviours and earning opportunities (World Bank, 2014). Women who can read and write about health and development are more open to new ideas for protecting their health and families. As a result, they may change their ways of preparing food, their attitude

towards pregnancy, childbirth and contraception, their sanitary practices and working habit. Although substantial progress has been achieved in women's education in Nigeria, the gains have yet to be rapid enough to keep pace with population growth, especially in most rural communities where many women live. Illiteracy impedes the development of a country and affects progress, even for the educated.

b. **Poverty:** In Nigeria, where many people live in poverty and the health infrastructure is poor, males, as well as females, suffer poor health generally. However, women face unique risks because of their reproductive biology, and in a country with one of the world's highest maternal mortality ratios, the dangers are particularly pronounced. Poverty underlies the poor health status of women, especially in rural areas. According to World Bank (2016), socioeconomic differentials are the most apparent determinant of the status of women's health. Burns et al. (2017) reported that poverty forces women to live under conditions that can cause many physical and mental health problems. For example, poor women often live in inadequate housing, do not have good food, are forced to accept dangerous work and cannot use medical care. The structural arrangement of society, particularly in rural areas, means that most women, especially those of childbearing age, are economically dependent on men. When a husband lacks money must be solicited from other family members to pay for a woman's medical care. Sometimes these people decide where to seek care; they can override the family and make decisions that may have negative consequences.

c. **Gender-based violence:** WHO (2010), reports that 15% to 71% of women worldwide have suffered physical or sexual violence

committed by an intimate male partner at some point in their lives. Schmittroth (2020), reported that the most serious crimes against women are rising significantly faster than total crime. According to this report, since 1980, rape rates have risen nearly four times as fast as the total crime rate. WHO (2010), observed that violence has serious health consequences for women ranging from injuries to unwanted pregnancies, sexually transmitted infections, depression, and chronic diseases. Carrillo (2013) noted that violent acts against women worldwide attack their dignity as human beings and leave them vulnerable and fearful.

d. **Paternity pattern:** The paternity pattern has been identified as one of society's structural arrangements that endanger women's health. Kottak (2004) has noted that culture develops its explanation for biological processes. There are various forms of paternity in human society. However, the predominant ones in Nigeria are "genitor" cum "genitrix" and "pater" cum "mater", which are anthropological terms referring to someone's biological father and mother and culturally created father and mother, respectively (Ezeh, 2004). Regardless of form, paternity patterns hold profound health implications for women. For instance, in a society where "genitor" cum "genitrix" is exclusively practised, there is a tendency among women to jump from one man to another. In this situation, premarital pregnancies are expected since the child has a father, whether the woman is married or not. Hence there are high levels of sexual promiscuity with health implications.

e. **Female genital mutilation/cutting (FGM\FGC):** Historically, customs harmful to women's health have been practised. Female circumcision is one of these practices. It is practised in many communities in Africa, in some communities in the Middle East and

a small number of communities in South East Asia (Burns et al., 1997). According to Okonofua; Slanger; and Snow (2002), the prevalence of female genital cutting is 25% in Nigeria. It contrasts with Nwaizugbe (2004), who put the circumcised women in Nigeria at 60%. According to him, Female circumcision involves cutting part of a woman's genitals.

f. **Lack of family planning:** Despite different activism within and outside Nigeria about family planning or birth control, its use has remained relatively low. Iffih and Ezeah (2004) have identified women's health as one of the fundamental reasons for family planning. When women lack knowledge of family planning, the result is poor health outcomes and even death. WHO (2002), has noted that the lack of contraceptives causes about 8.8 million deaths in Africa. According to the report, Africa has been identified as one of the continents with the highest disease burden attributable to a lack of contraception. Without adequate access to family planning information and services, women may have unplanned and unwanted pregnancies, which can threaten their health or wellbeing.

   The reluctance to use contraception, especially the modern method, is attributed to the attitude of the people in Nigeria and other African countries. Premarital and postpartum sexual abstinence is the most widely used and accepted method of fertility regulation in sub-Saharan Africa. However, its use is declining, and modern contraceptives have not been able to fill the gap left by this decline resulting in the dramatic increase of illegally induced abortion with its consequences.

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Application to Research, Policy and Practices

Women's health issues have attained higher international visibility and renewed political commitments in the recent decade (Global Health Council, 2002). However, while targeted policies and programs have enabled women to live healthier lives, significant sociocultural factors have affected women's health in many countries, especially rural communities. Unfortunately, the situation of women's health in most rural communities in Nigeria leaves much to be desired. In most Nigerian communities, the situation was nothing but poverty, unemployment, and issues of high illiteracy and occupational status, among other factors, making health improvement exceedingly tricky, especially among rural communities in Nigeria. The pervasive inequality in health outcomes, according to WHO (2010), is not surprising, considering the many ways in which the poor face critical handicaps, including in transportation (both in access to hospitals and other basic needs), like water and sanitation.

In terms of application to research, policy and practice, this study requires a qualitative and quantitative study to find the cause and preventive measures. Therefore, the data that will be collected should be analyzed using descriptive and quantitative econometric techniques. The primary descriptive statistical techniques that should be utilized include tables, mean, range, skewness, percentages, standard deviation and graph. These techniques are principally used for analyzing the trend of maternal mortality in Nigeria due to the complexity of the social problem. The researcher may also consider using the Least Squares Method and regression analysis to forecast MMR in the study (WHO, 2010).

Regarding policy, women's health issues have attained higher international visibility and renewed political commitments in the recent decade. While targeted policies and programs have enabled women to live healthier lives, significant sociocultural factors have affected women's

health in many countries, especially in rural communities. The situation of women's health in most rural communities in Nigeria leaves much to be desired. Therefore, policies should be advanced y the Nigerian legislatures to enable law enforcement agencies to take actions that lead to maternal mortality in the country (WHO, 2007). Policies should be tailored towards addressing the poor economic conditions and social beliefs concerning the referral of females to health facilities, allowing women to access health care services at their ease, giving them autonomy of decision, the birth of newborns attended by inexpert untrained women who are not practising sterilization techniques, delay in the transport of women facing complications at the time of delivery to the health facility postponing till the last moment with no previous record available of the tenure of pregnancy, i.e. their antenatal visits; are the greatest hindrances in achieving the SDGs 5 of good health and wellbeing (WHO, 2010).

In practice, issues such as unemployment, high illiteracy rates and increasing poverty levels, among other factors, are making health improvement exceedingly tricky, especially among rural communities in Nigeria. Thereby causing pervasive inequality in health outcomes should be confronted at the Federal, State and Local government area levels. Nevertheless, instead, they are considering the many ways the poor face critical handicaps, including in transportation (both in access to hospitals and other basic needs), like water and sanitation.

Concluding Remarks

Maternal mortality has been a serious social problem in Nigeria for quite some time. The sociocultural factors identified are poor health management, high illiteracy level, gender inequality, poor sensitization of the public, especially those in rural areas, and a dearth of project management expertise. The factors identified in this paper are avertable

by ensuring community involvement, enlightening them about the gravity of the issue and gaining their trust in the existing healthcare system. The implications of maternal mortality for sustainable development revealed in this paper include Late/low school enrollment, absence of maternal care, waste of the nation's non-renewable resources, productivity impairment and slowed GDP growth rate. Given the need to uproot the root causes of maternal mortality, If these identified deficiencies are addressed as per community felt need basis and are appropriately addressed and monitored strictly, the desired results can be achieved without burdening the healthcare finances.

Recommendations

1. It is recommended that the government must overhaul its strategies, such as the need to; fight corruption vigorously, enforce the nine years of universal primary education, ensure comprehensive health management, put together an inclusive theory of consumption, intensify public sensitization, especially for those in rural areas, and hone the project management skills of health workers as well as intensify campaign for gender equality to improve the female-confidence.
2. There is a need to increase the utilization of antenatal care services, upgrade the existing specialized care settings, improve the audits and extend the audit beyond the boundaries of hospitals to the primary and secondary levels of care and even the community. All these are achievable and must be done because it is when Nigeria can achieve a minimal maternal mortality ratio that the current sustainable development mirage can be turned into a miracle.

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