Including women and children with the least social support

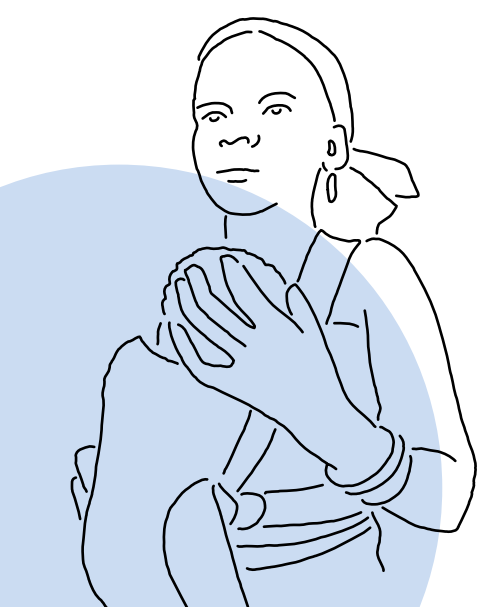
The challenge: finding evidence of clustering

Demographers have shown that child deaths often tend to cluster among a few women. Yet the reasons for the clustering are generally not well understood. As a result, health policy makers and programme staff lack information on how to respond appropriately.

When the PRRINN-MNCH programme began, reliable evidence that clustering of mortality occurs in the northern states did not exist. So that health inequities could be better understood in Northern Nigeria, PRRINN-MNCH set out to fill the gap in the evidence base.

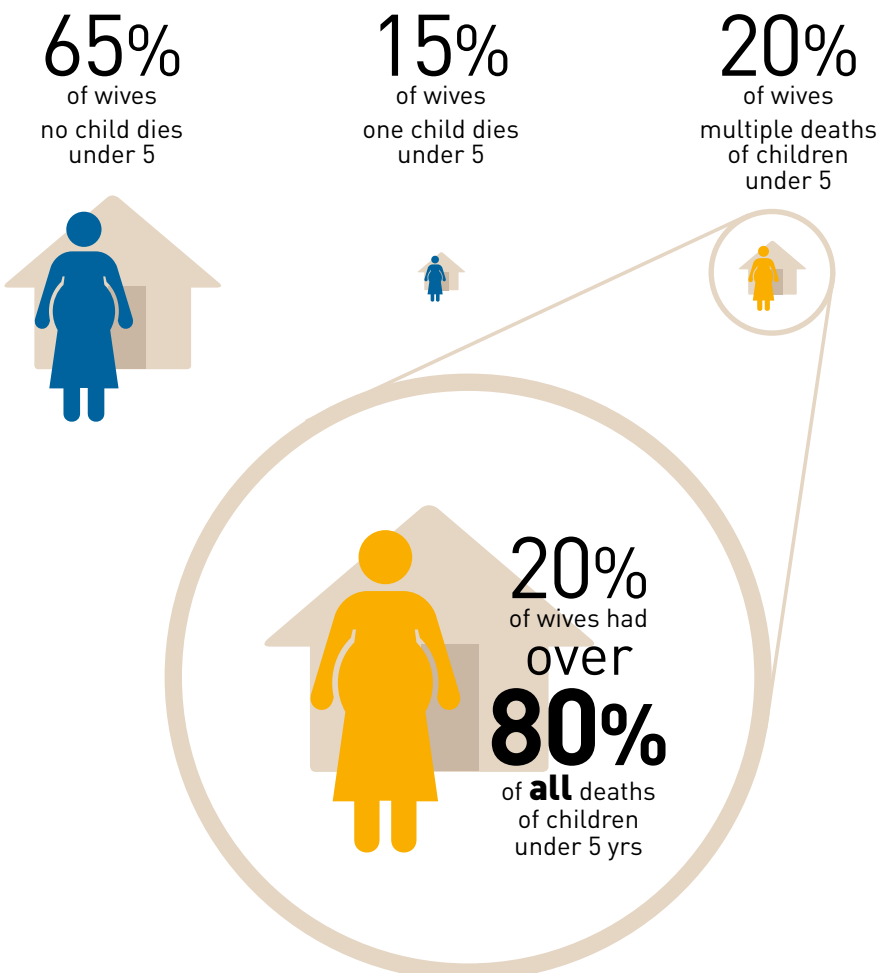
The response: measuring extent of support

A child mortality clustering survey in Jigawa, Yobe and Zamfara states in 2009-10 focused on communities that were uniform in their overall cultural, employment and wealth patterns. A variety of measures of support were examined including cognitive, emotional, practical and financial support. Women were also asked about the extent to which they felt respected. The appearance of the household, of the women themselves, and of their children, were assessed subjectively.



Key messages:

1. **Child mortality is clustered among a small proportion of women in rural communities in Northern Nigeria. Lack of individual social support is a key contributing factor.**
2. **Health programmes that ignore issues of social support may exacerbate divides among the poor and are likely to make slow progress towards maternal, newborn and child health targets.**
3. **A greater emphasis on social factors is needed in Nigerian Primary Health Care policy and strategy.**



Results: 20% of women had 80% of child deaths

The survey found that the burden of mortality and morbidity was indeed skewed in rural parts of Jigawa, Yobe and Zamfara. A small proportion of mothers and children suffered poor health and rarely used services. The skew happened irrespective of proximity to health facilities, poverty, level of education or household composition. The skew was very striking: 80% of child mortality was suffered by 20% of women. These women suffered multiple child deaths – an average of three deaths each.

65% of women in the survey sites had no child deaths, despite the fact that their general environment was poor.

A lack of respect and support shown to a woman were important contributing factors to the clustering. The fact that clustering was found in polygynous households suggests that generalised socio-economic factors that affect the entire population (eg lack of education, lack of wealth, lack of resources, culture, beliefs) play a lesser role in explaining child deaths than the immediate social factors surrounding a woman.

Policy implications

Addressing the skewed burden of ill-health in rural Northern Nigeria requires a change in primary health care strategy towards a more comprehensive and holistic approach which places greater emphasis on addressing the social factors that affect health. Practical steps taken by PRRINN-MNCH to address health inequities include:

- **Supporting participatory group processes:** Participatory group processes can help improve young women's belief in their own capabilities and mental health and hence maternal, newborn and child health. PRRINN-MNCH placed considerable emphasis on the formation of women's groups and on ensuring the least-supported women were included in these.

- **Training of front-line health providers:** Health workers in Nigeria lack training in the social factors that affect health seeking and decision making. PRRINN-MNCH worked with government partners to modify the training of a core group of front-line health workers – community health extension workers (CHEWs) – so that they were better able to recognise and interact with the least-supported women.

- **Sensitisation of community health team:** PRRINN-MNCH developed the concept of a community health team where all those working to improve the health and well-being of the community were trained to have a strong focus on the least-supported.

- **Working with religious leaders:** Religious leaders have considerable influence in rural areas and operate very effectively as mass communicators. PRRINN-MNCH involved religious leaders in the analysis of the clustering survey findings and in the identification of solutions.

Conclusion

Social issues at community and family level contribute to the inequities in health that result in high levels of maternal, newborn and child mortality in Nigeria. The failure to identify and address these issues within poor populations has stalled progress towards achievement of health targets.

PRRINN-MNCH has taken steps to ensure that the women and children who suffer a disproportionate burden of ill health are considered in all programme activities. Many of the practical strategies adopted by the programme can easily be replicated by government, civil society organisations and development partners.

PRRINN-MNCH

Partnership for Reviving Routine Immunisation in Northern Nigeria; Maternal Newborn and Child Health Initiative

The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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