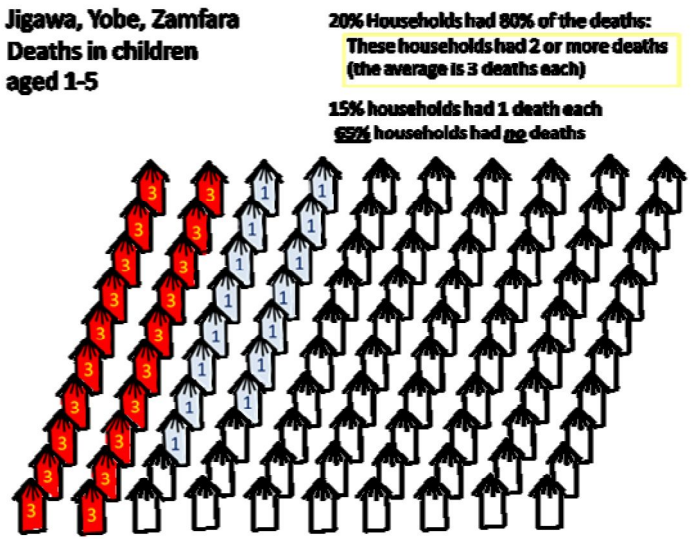
Partnership for Reviving Routine Immunisation in Northern Nigeria; Maternal Newborn and Child Health Initiative

CLUSTERING OF CHILD MORTALITY IN NORTHERN NIGERIA – IMPLICATIONS FOR POLICY AND PRACTICE

Public health measures tend to favour those who have the support, resources and self-confidence to use services or follow advice. Even when the least-supported use health services or try to follow medical advice their mortality and morbidity still remains higher than the general population. Hence it is vital that strategies for improving health outcomes address the issue of health inequalities head-on.

A series of surveys implemented by PRRINN-MNCH and its partners in 2009 and 2010 set out to explore whether there was evidence of clustering of child deaths in rural communities in three states of northern Nigeria (Jigawa, Yobe and Zamfara), and, if so, what the causes were. The surveys demonstrated that child deaths were indeed clustered among a small proportion of women. As the diagram below shows, 65% of the survey respondents had no child deaths, 15% had one child death each and 20% had multiple child deaths (an average of three deaths per woman). Moreover, the 20% of women with multiple child deaths had just over 80% of all the deaths.



Interestingly, the heavy skew of child mortality was not related to child spacing, distance from health facility, religion, tribe, education, culture, marital status, seclusion, or employment. In addition, the surveys found that clustering occurred even within polygynous households; some women and their children in these households were affected and some were not. Instead, the two factors that were found to be highly important contributing factors to the clustering were a lack of respect and social support shown to a woman at family level.

What this implies is that:

- The least-supported have the disproportionate burden of ill health and death in rural communities of northern Nigeria

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- Social issues at community and family level contribute to the inequities in health that result in high levels of child mortality

Box 1: Six Factors Strongly Correlated to Any Child Deaths in the Clustering Survey

- The woman rarely or never had anyone older to look after the children
- The woman had no one to turn to for support if her children had difficulties
- The woman had no one to turn to for support if she herself had difficulties
- Woman believed she had no or little respect from relatives, in-laws, husband or others
- The woman had almost no general support from own relatives and in-laws
- The general appearance of the woman, the children and of the household was very poor

The survey findings imply the need for a shift in strategy by the Nigerian Federal, State and Local Governments so that social issues are addressed as part of a comprehensive and holistic approach to Primary Health Care. There are many practical measures that can be taken by government and its partners to address these inequities in health. These should lead to greater social inclusion of women, to improved self-care and care of children, and ultimately to increased use of health services and improved health. Three key strategies are:

STRATEGY 1: Modify the Training of Community Workers

Modify the training of community workers, volunteers and institutions (from health and other development sectors) so that they can:

- Understand the relevance of social factors and social support systems to their work;
- Recognise when people lack confidence or may neglect their children or themselves as a result of lack of social support;
- Adapt their advice or interventions to be relevant to the capacities of the women or families in question;
- Advise women and their families on resources available locally that might help them in their need for support at particular times.

STRATEGY 2: Develop Local Resources for the Least Supported

Assist communities to develop local resources that will be helpful to women in general, but particularly those with poor support – in particular for childcare, conflict resolution and savings schemes.

STRATEGY 3: Promote Inclusiveness at Community Level

Stimulate the development of community mechanisms for including women with poor support in group and social activities. This will have a strong impact on the self-esteem and self-confidence of women whose belief in their capacity to improve their lives is low.

At present, the National Primary Health Care Strategy is limited by its focus on the health sector. The shift in focus from a medicalised model of primary health care to one that balances social and service-based policies, and which supports communities to respond to MNCH barriers, represents a very significant change in direction. Improved interaction and joint working between the Ministry of Health and the Ministries of Religious Affairs, Water Resources and Rural Development, Agriculture and Natural Resources, Women Affairs, and Local Government needs to be given higher priority if a more comprehensive and holistic Primary Health Care

strategy is to become a reality. Donors also need to balance social policy with policies focused on service delivery improvements. In this way both public health needs and the health of socially under-supported people can be addressed in a holistic and integrated way.