

Consequences of Maternal Mortality on Families in the Rural Communities in Enugu State

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ABSTRACT

The purpose of the study was to expose the consequences of maternal mortality on rural communities in Enugu State Nigeria. One research question was used to identify the consequences of maternal mortality. A survey design was used and data was collected using a questionnaire. A total of 108 pregnant women participated in the study. Data were analyzed using mean and standard deviation. The study revealed an increase in juvenile delinquency because of lack of motherly upbringing, reduction in population, maternal death leaves the man lonely in the family, increase in the number of motherless babies, economic drains derived from maternal death, increase in depression on the part of the man, the older children are likely to drop out of school etc. Based on the study, the following recommendations were made: family members and non-governmental organizations should reduce the burden of maternal death on families through financial support and public health attention; women should access family planning and adequate health care during pregnancy and delivery; the government and non-governmental organizations should support Safe Motherhood Initiatives in the rural communities.

Keywords: *Consequences, Maternal Mortality, Families, Rural Communities*

I. INTRODUCTION

The role of women in human progress and society is very vital. They are instruments of procreation and play unique roles in child upbringing. Nevertheless, the consequences of maternal mortality on families are catastrophic particularly in developing countries with high mortality rate like rural places in Nigeria. Creek (2014) stated that the loss of a mother is devastating for her existing children and newborn. Beyond the immense personal suffering of the surviving family members, maternal death often leads to worse health outcomes for her children. Newborns that lose their mothers during childbirth are less likely to reach their first birthday than those whose mothers remain alive to care for them during this critical period. Surviving children are deprived of their primary caretaker and thus are more likely to suffer poor health. Not only but also, Finlay et al (2015) indicated that children orphaned by an early maternal death had a 48% probability of dying before their first birthday compared to 6% for those whose mothers survived. In like manner, Bazile et al (2015) stated that loss of the mother greatly exacerbated

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surviving children's vulnerabilities to illness and malnutrition, shortened and derailed education, and brought about too early labour participation and too young marriage or parenthood. According to them, if relatives take in the children the deprivations of adding another child in subsistence living conditions can create tensions, health and schooling issues for the natural children and the orphan. In the same vein Wang et al (2013) stated that children who had experienced the loss of a mother had a significantly higher risk of malnutrition. Several possible reasons may explain the elevated risk of malnutrition and death among children in the affected families. First, early termination of breastfeeding makes babies vulnerable to malnutrition, which may contribute to the increased risk of infections or death. Second, following maternal death, grieving husbands who used to earn money for the family may lack sufficient skills and responsibilities to take care of children. Third, the economic burden due to maternal death may act as a trigger to facilitate adverse effects on children in the affected families. Miller and Belizan (2015) opined that surviving children suffered, with girl children faring worse, often having to leave school to assume maternal roles.

Moreover, Creek (2014) stated that older children most often take on new household duties that disrupt schooling, which may lead to missed opportunities later in life. Agreeing, Moucheraud et al. (2015) noted that there is a consensus that the loss of a mother is not just, a grievous single event to the family, but that has large and negative effects on the surviving children, spouse, families and communities. In their opinion, a growing body of evidence has demonstrated the spillover effects of maternal death on children who are left behind. Babies who experienced the loss of a mother within their first 30 days had a higher risk of dying compared to those whose mothers survived. Moreover, Molla et al (2015) stated that the far-reaching impacts of maternal death can extend to other family members. Older children who experienced the loss of a mother were less likely to have educational supervision and psychological support from caregivers. Also, assuming additional caregiving responsibilities for the baby made them more likely to drop out of school. Economic drains derived from maternal death e.g. medical and funeral expenses can exacerbate long-term adverse effects on families. According to Ratti (2011), the risk of not attending school on time and dropping out of school may derive from psychological vulnerability and bereavement reactions after experiencing the loss of a mother. Children think about their deceased parent qualitatively differently than do adults who were related or knew the deceased. Also, he pointed out that the psychological burden makes it harder for the children to concentrate on their schooling. Lack of prompt educational supervision and emotional support may be a barrier to the education of orphaned children. In his view, older children among siblings may take caregiving responsibilities to look after their younger siblings which may lead to early termination of education.

Again, Zhou et al (2012) believe that the prevalence of stunting, underweight and malnutrition among children will be higher. This may relate to inappropriate feeding practices adopted by caregivers in rural settings. Early weaning, excessive water intake, too early or late intake of complementary foods and the inferior quality of complementary foods all contributed to increased risk of malnutrition. In support, Molla et al (2015) reported that no one will bother and take a child to a health institution at the exact time for immunization. So its day for immunization will be forgotten and pass unless a mother is alive. A mother will wash, feed and immunize her child promptly which couldn't be true for any other person.

Rural women are of great support to their household and communities in ensuring proper nutrition, income-generating, child education and in every aspect of life. In the same fashion, Arna et al (2011) indicated that the quality of life of husbands was severely impacted by the death of their wife. Men who lost a wife have an increased risk of negative emotions including depression and anxiety. The affected husbands had a probability of having post-traumatic stress disorder (PTSD) one year after maternal death. In their opinion, for husbands who experience a maternal death, PTSD may result from not only the sudden loss of their wife but also financial problems, additional caregiving responsibilities and coping with hardship in the family. Following the same view, Miller and Belizan (2015) opined that fathers rarely assumed child care responsibilities, as the gendered roles of the dual-parent family assign those roles to women, as well as home care, cooking, and developing outside income, such as marketing or farming. In continuation, they pointed out that husbands were not only bereft but ill-prepared to handle the role expansion required after losing a wife. Economic deprivation and poverty often followed maternal death, as not only additional income was lost, but also huge debt was acquired through hospital bills, funeral costs, and time away from paid labour for funeral ceremonies. In their view, some families needed to sell assets; others go into debt borrowing to afford the funeral. Coupled with that, Bazile et al (2015) pointed out that if the father takes on a new wife, the children of the dead woman are often treated as second-class citizens, being deprived of food, comfort, health care, and education, which may now only be expended for the new woman's offspring.

Educated women display their abilities in different fields of endeavour which are beneficial to the nation such as teachers, doctors, administrators, engineers, business etc. The economy of the family and nation is largely affected by maternal mortality in various ways. Likewise, Kirigia et al (2006) reiterated that maternal mortality can impact the gross domestic product (GDP) in several ways. In this instance, maternal deaths could reduce the quantity of labour force, and hence, the number of people involved in output production. Secondly, mothers play a vital role in nursing sick household members back to their normal health status, thus, the death of a mother spells the loss of a strategic household caregiver or nurse. Thus, when the mother dies, the father or some other person is forced to reallocate work time to provide care to the bereaved children. This constitutes a loss in economically productive time. Furthermore, mothers not only care for the children and spouses but also the elderly. This is particularly important in Africa since homes for the elderly are almost non-existent, and also it is not cultural to commit them to sanatoriums. The elderly in Africa play an important role as family and community life counsellors, arbitrators of conflicts in relationships and transmitters of indigenous 'tacit' knowledge and values to the youth. Unfortunately, maternal mortality severs the life-line for the elderly leading in turn to their premature mortality, and hence, loss of intra and intergenerational social value hitherto added by the elderly. In continuation, according to them, there are high funeral-related costs, which at times may force the households to sell off some of the output producing assets to pay for funerals. In African economies characterized by low capital-labour ratios, depletion of assets spontaneously erodes household production. Furthermore, they opined that maternal mortality harms the future human capital creation process, on the quality of future labour force, and hence, future levels of GDP. Kirigia et al (2006) further buttressed that the premature mortality of mothers who are in the active labour force may lead to a reduction in total household consumption expenditure, government tax revenues, private business and personal savings, and hence, the resources available for investment purposes. All the above factors combined only serves to stifle growth in GDP.

However, positive steps towards adopting recommendations made by researchers may help to curb the numerous consequences of maternal mortality x-rayed in this paper.

II. METHOD

The study used a descriptive survey research design. One research question on what are the consequences of maternal mortality on families in the rural poor in Nigeria guided the study. The area of study is Nsukka Local Government Area in Enugu state, Nigeria comprising of eight health centres as follows: District hospital Nsukka, Nsukka. Health Centre, Comprehensive Hospital Okpuje, Edem–Ani Health Centre, Ibagwa-Ani Primary Health Centre, Comprehensive Health Centre Obukpa, National Primary Health Care Agbamere and Opi Health Centre. The people of Nsukka Local Government are Igbos. They are known for bearing many children. The population is 245 pregnant women registered in the government health centres in Nsukka Local Government Area. The sample used for the study was 108 registered pregnant women in three health centres in Nsukka local government area. A simple random sampling technique was used to determine the sample size.

The instrument used was the Consequences of Maternal Mortality Questionnaire (CMMQ) self-developed by the investigators. The number of items in the questionnaire was 11. The instrument was validated by three experts. Their inputs were incorporated into the instrument by the researchers. Data was collected on their antenatal days which lasted for weeks. The instrument was distributed to 108 women while 102 women properly responded and returned theirs. Data were analyzed using mean and standard deviation to answer the research question. The mean of 2.5 becomes the boundary range and any mean of 2.5 or above was regarded as important.

III. RESULTS

Research Question: What are the consequences of maternal mortality on families in the rural poor in Nigeria?

Table 1: Mean scores of pregnant women on the consequences of maternal mortality to families.

S/N	ITEMS	SA	A	D	SD	X	SD	Decision
1	There will be a high rate of neonatal death	44	23	23	12	2.97	1.06	A
2	Increase of infant malnutrition due to lack of breastfeeding	47	31	14	10	3.13	0.88	SA
3	Increase in juvenile delinquency because of lack of motherly upbringing.	55	30	13	4	3.33	0.84	SA

4	Increase in the number of widowers	49	32	10	11	3.17	0.01	SA
5	Increase in the number of motherless babies.	50	35	11	6	3.26	0.88	SA
6	Reduction in the population of children	59	23	14	6	3.32	0.92	SA
7	Older children are likely to drop out of school.	53	22	17	10	3.16	1.03	SA
8	There will be economic drains derived from maternal death.	55	27	12	8	3.26	0.95	SA
9	There will be increased infections in newborn babies due to lack of breastfeeding	52	22	17	11	3.13	1.04	SA
10	There will be increased depression and anxiety on the part of the man	50	35	6	11	3.22	0.97	SA
11	Maternal death lives the man lonely in the family.	53	31	8	10	3.25	0.96	SA
	Grand mean					3.20	9.54	SA

The data in table which item three has 3.33 as the highest mean shows that the respondents strongly agree that item three is the highest consequences of maternal mortality in families. Items 2,4,5,6,7,8,9,10 and 10 have a mean of 3 and above. The respondents strongly agree that they are consequences of maternal mortality in families. Item 1 has a mean of 2.97 which means that the respondents agree that it is also a consequence of maternal mortality in families. However, the grand mean of 3.20 is an indication that the respondents strongly agree that all the items are consequences of maternal mortality in families.

IV. DISCUSSION

The findings reveal that pregnant women strongly agree on the consequences of maternal mortality in families. These consequences include an increase in juvenile delinquency and older children are likely to drop out of school because of a lack of motherly upbringing and supervision. The finding lends credence to Creek (2014) who pointed out that older children most often take on new household duties that disrupt schooling, which may lead to missed opportunities later in life. In support Miller and Belizan (2015) stated that surviving children suffered, with girl children faring worse, often having to leave school to assume maternal roles. Among the findings were high rate of neonatal death, infant malnutrition, increase in the number of motherless babies, reduction in the population of children and increased infections in newborn. The finding is in agreement with Molla et al (2015) that no one will

bother to take a child to a health institution at the exact time for immunization. So its day for immunization will be forgotten and pass unless a mother is alive. A mother will wash, feed and immunize her child on time which couldn't be true for any other person. In the same way, Finlay et al (2015) indicated that children orphaned by an early maternal death had a 48% probability of dying before their first birthday compared to 6% for those whose mothers survived. In like manner, Bazile et al (2015) stated that loss of the mother greatly exacerbated surviving children's vulnerabilities to illness and malnutrition. The study also found out the effect on the husband to include economic drains, increased depression and anxiety and loneliness. These findings agree with Arna et al (2011) that the quality of life of husbands was severely impacted by the death of their wife. Men who lost a wife have an increased risk of negative emotions including depression and anxiety. The affected husbands had a probability of having post-traumatic stress disorder (PTSD) one year after maternal death. In their opinion, for husbands who experience a maternal death, PTSD may result from not only the sudden loss of their wife but also financial problems, additional caregiving responsibilities and coping with hardship in the family.

V. CONCLUSION

With all the heights and great contributions of women to the family and nation, the consequences of maternal mortality do not spare them. Maternal mortality is accompanied by many effects that run through generations. The mother occupies a central position with surrounding functions in the home. Her versatile roles include economic support, childbearing, homemaking, education guidance to the moral life of children, and health. When a mother dies all her numerous roles dies with her. Many supports or caregivers can hardly fill the gap of a single woman. This is clear evidence that a mother is irreplaceable in the home, family, community and nation in general.

The consequences of maternal mortality as we all know are not only a loss to the individuals who experience maternal death but has financial and health costs connected to maternal mortality. This knowledge will compel families, communities, non-governmental organizations and the government to give adequate attention to health as a primary indicator of development, not just health.

VI. Recommendations

1. Family members and Non-Governmental Organizations should reduce the burden of maternal death on families through financial support and public health attention.
2. Women should access family planning and adequate health care during pregnancy and delivery.
3. The government and non-governmental organizations should support Safe Motherhood Initiatives in rural communities.

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