

Maternal and newborn health improves in rural Nigeria, Ethiopia and India but inequities still exist

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Community-based health programs in parts of rural Nigeria, Ethiopia and India were successful in improving health care for mothers and newborns, but inequities still exist, according to a new study in *CMAJ* (*Canadian Medical Association Journal*).

"Our findings have both an optimistic and a pessimistic interpretation, in that families from all socioeconomic status groups benefited, but inequities have also persisted," writes Dr. Tanya Marchant, Faculty of Infectious and Tropical Diseases, London School of Hygiene & Tropical Medicine, London, United Kingdom, with coauthors. Underlying inequities in these rural settings mean that more work is needed to reach the poorest families, who bear the greatest burden of maternal and newborn mortality.

To assess the impact of community-based health interventions linked to the United Nations' Sustainable Development Goals, an international team of researchers looked at eight essential maternal and newborn health indicators in rural Nigeria, Ethiopia and India, representing more than 22 million people. Indicators included antenatal and postnatal care, births in health care facilities, hygienic umbilical cord care, breastfeeding initiation and more. The researchers found some improvements; for example, more women in Ethiopia and Uttar Pradesh, India, had access to maternity care in 2015 than in 2012. In Gombe, Nigeria, socioeconomic issues as well as the Boko Haram threat



prevented most women from receiving adequate care, although some positive family behaviours, such as hygienic cord care, showed marked improvement.

Despite this progress, it was striking that in all three settings the number of newborns receiving early postnatal care did not improve.

"Improving outcomes for mothers and newborns requires not only structural changes in the provision of care, but also behaviour changes by individuals, communities and health care providers," write the authors. "Such changes may take considerable time—longer than this study's duration—to achieve."

"Coverage and equity of maternal and newborn <u>health care</u> in rural Nigeria, Ethiopia and India" is published October 28, 2019.

More information: Canadian Medical Association Journal (2019). <u>jouleincemaj.cmail19.com/t/j-l-csvx-jlbhdjlhy-y/</u>

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