

COMMENTARY

NUTRITION AND SAFE MOTHERHOOD

Syagga EA^{1*}



Edwinah Syagga

*Corresponding author email: eddysyagga@yahoo.com

¹Nursing Lecturer, Great Lakes University of Kisumu (NBI), P.O. Box 60827-00200
City Square, Nairobi, Kenya

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The health of mothers has long been acknowledged to be a cornerstone of public health and attention to unacceptably high level of maternal mortality has been a feature of global health and development discussions since the 1980s. Worldwide, nearly 600,000 women between the ages of 15 and 49 die every year as a result of complications arising from pregnancy and childbirth. The tragedy is that these women die, not from disease but during the normal, life-enhancing process of procreation. Most of these deaths could be avoided if preventive measures were taken and adequate care was available. Maternal mortality is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. Has it ever been considered that it is necessary for a woman to prepare for child birth from the time she is born? Why wait until a woman becomes pregnant in order to take precaution, when the damage had been done earlier in life? These are questions that need answers in order to improve the women's reproductive health in totality. The deaths often have their roots in the life of the woman before the pregnancy or even before the woman's birth yet the emphasis has been on the immediate causes of death, mainly during pregnancy, labour or post-partum. In the developed countries there is the practice of pre-conception counseling, which includes even the genetic counseling.

The poor health and nutrition of women and the lack of care before conception contributes to poor maternal health and underlies poor pregnancy outcomes, namely death in pregnancy and childbirth thus compromises the health and survival of the infants and children they leave behind. These children, if female, will live with the morbidity that will affect their reproductive life. Persistent deficiencies of calcium, vitamin D, or iron may result in a constricted pelvis, eventually leading to death during labor while chronic anemia may lead to death from hemorrhage during childbirth as observed that with anaemia any small amount of bleeding may be fatal. Maternal mortality is an indicator of disparity and inequity between men and women and to an extent, a sign of women's place in society and their access to social, health, and nutritional services and to economic opportunities. The factors underlying the direct causes of maternal deaths operate at several levels. The low social status of women in developing countries limits their access to economic resources and basic education. The low social and economic status of girls and women is a fundamental determinant of maternal mortality in many countries. It limits their access to the economic resources needed and their ability to make decisions related to their health and nutrition.

Safe motherhood has tended to be seen as a subset of other programmes such as child survival or reproductive health and is often perceived to be too complex or costly for under-resourced and overstretched health care systems that have limited capacity. Safe motherhood interventions should be implemented in the context of broader health programmes, including nutritional advice and micro-nutrient supplementation, child survival and development, immunization, safe water and sanitation, family

planning, the avoidance of unwanted pregnancies, and the prevention and control of malaria and of HIV/AIDS and other sexually transmitted diseases.

Maternal mortality is not merely a “health disadvantage”, it is a “social disadvantage”. Health, social, and economic interventions are most effective when they are implemented simultaneously. This statement is addressed to governments, policy-makers in social, economic, and health fields, managers of maternal and child health and nutrition programmes, non-governmental organizations, community members, and WHO, UNFPA, UNICEF and World Bank personnel. The suffering of women often goes beyond the purely physical and affects women’s ability to undertake their social and economic responsibilities and to share in the development of their communities. A woman who is not healthy is not able to produce much in terms of food, yet she is expected to feed herself and her children with the little that she has produced, which may not be adequate. This is worse for the lactating mothers who have to feed adequately in order to remain healthy and at the same time produce adequate and nutritious breast milk for her baby. Lack of good maternal nutrition also results in low birthweight babies who would grow into malnourished children with stunted growth and with the consequences of child mortality and morbidity, thus reducing child survival. This in the long run would expose women to the risk of obstructed labour due to contracted pelvis as a result of deficient vitamin D, calcium and iron in the body. The term malnutrition includes both protein-energy malnutrition and the lack of specific nutrients. It develops when the body does not get the proper amount of energy (calories), proteins, carbohydrates, fats, vitamins, minerals and other nutrients required to keep the organs and tissues healthy and functioning well. A child or adult can be malnourished by being either undernourished or over-nourished.

The following are the conditions that affect the mothers as a result of poor nutrition:

- Anemia may be due to several causes that include inadequate intake, and losses due to parasitic infestations and malaria, iron, folic acid, and vitamin A. Approximately 50% of all pregnant women worldwide are anemic. Women with severe anemia are more vulnerable to infection during pregnancy and childbirth, are at increased risk of death due to obstetric haemorrhage, and are poor operative risks in the event that caesarean delivery is needed.
- Severe vitamin A deficiency may make women more vulnerable to obstetric complications and to associated maternal mortality.
- Iodine deficiency increases the risk of stillbirths and spontaneous abortion and, in severely deficient areas, may contribute to maternal death through severe hypothyroidism.

It should be noted that women are the mainstays of families, the key educators of children, healthcare providers, carers of young and old alike, farmers, traders, and often the main, if not the sole, breadwinners. Therefore, a society deprived of the contribution made by women is one that will see its social and economic life decline, its culture impoverished, and its potential for development severely limited. Globally, around 80% of all maternal deaths are the direct result of complications arising during

pregnancy, delivery, or the puerperium yet most of these complications can be prevented if the mother is kept healthy through proper care including good nutrition.

Reducing maternal mortality requires coordinated, long-term efforts. Promotion of good nutrition in childhood and adolescence, as well as supplementation if necessary during pregnancy, provides protection for both women and their future children. Policies that will increase women's decision-making power, particularly in regard to their own health, are also essential. A diet that provides sufficient calories and micronutrients is essential for a pregnancy to be successfully carried to term. Supplementation and/or fortification can help where micronutrient deficiencies are endemic. Where malnutrition is endemic or severe, food shortages arise as a result of seasonal fluctuations or agricultural crises, food supplementation can help to ensure that women including adolescent girls continue to grow before and during pregnancy and that all women have a sufficient intake of calories for successful pregnancy and lactation.

Deficiencies in iron/folate, calcium, iodine, and vitamin A can give rise to poor maternal health and to pregnancy complications. Focused supplementation of particular micronutrients can, therefore, be an important component of health services for pregnant women, particularly in cases where communities suffer from extreme poverty and malnutrition. However, the issue of sustainability should be considered. In the long term, improvement in women's nutrition is essential to solving the problem of malnutrition and its impact on pregnancy and childbirth. Such a change can take place only at the community level and in the household, where women are poor, often eat less, less often, and less nutritiously than their children and other family members. The best that can be done is to educate women on the appropriate agricultural practices so that they would be able to produce their own food in adequate quantities. This would require a multi-sectoral/multidisciplinary effort in order to achieve the objective of ensuring the sustainability of food security in all households. Community education efforts are essential to reverse widespread beliefs and practices that militate against adequate nutrition for pregnant women and to raise awareness that preparation for successful pregnancy and child-birth begins well before adulthood, with adequate nutrition for girls.

The deficiency is in the economic aspect of food production. Would there be a lower loaning system to enable women improve their agricultural practices? Would this loaning be beneficial to an individual or a group of women? Currently any loan available is given to women groups and which, most women are uncomfortable with. This could be one reason that makes the women finance institutions like Kenya Women Finance Trust not benefiting the grassroots population or even those of middle class, due to their criteria for loaning. Would it be possible to look into ways of empowering the grassroots women financially so that they may be able to meet their nutritional needs and any other economic obligation?

It should be noted that women's overall health influences their reproductive health. It is therefore important to look at women of reproductive age in totality and not only concentrate on the obstetric issues pertaining to prenatal, perinatal and puerperium.

CONCLUSION

Reproductive health of women is determined by their childhood nutritional status or practices.

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CONTRIBUTING TO SAFE MOTHERHOOD

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