

INTRODUCTION

1.1 Background to the Study

Maternal mortality remains the leading cause of death and disability for reproductive-age women in resource-poor countries. The impact of a mother's death on child outcomes is likely severe but has not been well quantified (Oestergaard, *et al.*, 2011).

Maternal mortality is a leading cause of death and disability for adult women worldwide, responsible for an estimated 289,000 deaths in 2013 (WHO, 2014). It represents true excess burden of disease since the overwhelming majority of maternal deaths are due to preventable causes; and could be treated with well-understood interventions that have long been available in the global North (Medhin, *et al.*, 2010). Maternal mortality highlights large inequalities between and within countries; the maternal mortality rate in resource-poor countries is 15 times higher than that in wealthy nations, and within countries, the poorest women see the greatest risk of dying during pregnancy or childbirth (Ronsmans and Graham, 2006). Reducing maternal mortality ratios (MMRs) by 75% from 1990 levels was therefore included in the United Nations' Millennium Development Goals, as integral to reducing global poverty. Less well-characterized, however, are the short- and long-term consequences of maternal deaths on children, families and communities. Often a maternal death can have spillover effects onto child health, via obstetric complications, infant feeding behaviors, and care for orphans (Molla, *et al.*, 2015). It thus is critically important to look beyond MMRs to fully characterize the harm caused by the loss of a mother (Whetten, *et al.*, 2011).

There are a number of mechanisms through which a maternal death may affect outcomes for infants and children. The main direct causes of maternal mortality obstetric complications such as eclampsia, sepsis, obstructed labor and hemorrhage can also put neonates at increased risk of death (Kusiako, *et al.*, 2000; Chan, *et al.*, 2013; Vogel, *et al.*, 2014). If the infant survives birth but the mother does not, the resulting lack of nutritional support from breastfeeding leaves the baby vulnerable to malnutrition, which can itself be fatal or may increase the risk of disease or death from infection (Lindblade, *et al.*, 2003; Ronsmans, *et al.*, 2010; Braitstein, *et al.*, 2013). Older siblings also may suffer in many ways without maternal care: among orphans, the risk of child labor (Whetten, *et al.*, 2011), poor learning outcomes and lower educational attainment (O'Donnell, *et al.*, 2012), and disrupted living arrangements (Hosegood, 2009) can impose trauma that has detrimental impacts on health and well-being. Qualitative research from rural Nigeria found that orphans of women who died of maternal causes girls in particular were likely to be undernourished in infancy and beyond, face education-related challenges, and receive compromised medical care (Yamin, *et al.*, 2013). This study also found adverse household effects, including economic drains a finding echoed in a recent study from Nigeria, where maternal death was associated with significant household income and expenditure declines (Ye, *et al.*, 2012; Wang, *et al.*, 2013). Detrimental household economic impacts were also seen in a study from Burkina Faso, where the high and unforeseen expense of emergency obstetric care was reported as difficult to repay, triggering long-term consequences on physical, psychological, social and economic well-being (Storeng, *et al.*, 2008).

Infant mortality is thus only one adverse outcome associated with maternal death, but it is crucially important. An analysis from Nigeria found a significantly worse survival trajectory of orphaned children but

cautioned about generalizing the findings, due to contextual factors that may differentially impact orphan survival such as household composition, the role of the father and HIV prevalence (Ronsmans, *et al.*, 2010). Recent analyses, however, have found similarly negative outcomes in sub-Saharan Africa (Grepin and Klugman, 2013). A cohort study in Benin found an elevated risk of mortality among infants born to women who experienced serious complications during childbirth (near-miss cases), even in the absence of maternal death (Filippi, *et al.*, 2010). Recent research in Nigeria found an elevated mortality rate among babies of women who died after childbirth (Darmstadt, *et al.*, 2005; Family Care International, 2014). It is against this background that this study is carried out to examine the effect of infant child and maternal mortality on the economy of Nigeria using Asaba and its environs, Delta State as a case study.

1.2 Statement of Problem

The effects of poor health go far beyond physical pain and suffering. Learning is compromised, returns to human capital diminish, and environments for entrepreneurial and productive activities are constrained. It comes as little surprise that no country (in the region) has attained a high level of economic development with a population crippled by high infant and maternal mortality, pervasive illness of its work force, and low life expectancy (Josés, *et al.*, 2016).

World Health Organization (WHO) estimated that 493,000 women died in 1998 of complications of pregnancy and delivery. About forty percent (194,000) of those deaths occurred in the WHO African Region. 24.1 % deaths were attributed to haemorrhage, 15.9% to sepsis, 12.3% to hypertensive disorders of pregnancy, 8.2% to obstructed labour, 13.3% to abortion, and 26.2% to other maternal conditions. The maternal mortality rate (MMR), the number of women who die during pregnancy and child birth per 100,000 live births, in the African Region is the highest in the world. It averages 940 deaths per 100,000 live births, with disparities among countries and between urban and rural areas in the same countries. The main risk factors for maternal mortality include illiteracy, poverty, poor nutrition, low weight prior to pregnancy, minimal weight gain during pregnancy, first pregnancy or higher than fourth pregnancy (excessive fertility), maternal age younger than twenty or older than thirty-four years, poor outcome of prior pregnancies, infections (e.g. STIs and HIV/AIDS) and illnesses during pregnancy (e.g. anaemia, cancer of the cervix), female genital mutilation, unintended pregnancies and unsafe abortions, smoking, and inadequate health care during pregnancy and delivery.

In Africa, women support families through their productive labor (cash crop labor, subsistence farming, and other remunerative work), cooking for household members, providing household members with sanitary services, nursing the sick household members (at times when even they themselves are not in good health) and educating the children. Thus, the loss of a mother through death or disability robs a household of a nurturer, provider, and de facto household head. There is need to sensitize national policy-makers and international development partners to the health and economic consequences of inaccessibility to the aforementioned six pillars of Safe Motherhood Initiative. To the best of the researcher's knowledge, to date no study in Africa has attempted to examine the effect of infant child and maternal mortality on the economy and estimate the burden of maternal deaths on the GDP. This study represents a limited attempt to bridge this knowledge gap. This study is therefore conducted to bridge this gap and address the aforementioned problems.

1.3 Aim and Objectives

The aim of this study is to critically examine the effect of infant and maternal mortality on the economy

of Nigeria using Asaba and its environs, Delta State as case study.

The following specific objectives were designed to guide this study. The objectives of this study are:

To identify the causes of infant and maternal mortality in the study area.

To examine the socio-economic status and economic growth in Asaba and its environs and its environs.

To identify the consequent effect of infant and maternal mortality in Asaba and its environs.

To examine the effect of infant and maternal mortality on the economy of the study area.

To examine whether there are significant relationship between infant maternal mortality and economic growth in Nigeria particularly around Asaba and its environs at different income levels.

To suggest solution(s) to the problems associated with the effect of infant and maternal mortality on the economy of Nigeria (Asaba and its environs, Delta State in particular).

1.4 Research Questions

The following questions were designed to guide this study;

What are the causes of infant and maternal mortality in Asaba and its environs?

What are the socio-economic status and economic growth in Asaba and its environs?

What are the consequent effect of infant and maternal mortality in Asaba and its environs?

What are the effect of infant and maternal mortality on the economy of Nigeria particularly Asaba and its environs?

Is there significant relationship between infant/maternal mortality and economic growth in Nigeria particularly around Asaba and its environs at different income levels?

What do you think are the possible solution(s) to the problems associated with the effect of infant and maternal mortality on the economy of Nigeria (Asaba and its environs in particular)?

1.5 Research Hypotheses

The following hypotheses stated in the null and alternative form to guide this study will be tested using appropriate statistical tools.

H₀: There is no significant relationship between infant/maternal mortality and economic growth in Asaba and its environs at different income levels.

H₁: There is a significant relationship between infant/maternal mortality and economic growth in Asaba and its environs at different income levels.

H₀: Infant and maternal mortality has no significant effect on the economy of Asaba and its environs.

H₁: Infant and maternal mortality has significant effect on the economy of Asaba and its environs.

1.6 Significance of the Study

This research work will be of immense help to geographers, demographers, population analysts, educational professionals, educationists, geologist, sociologists, and all those involved in geography and fertility education as well as academicians and the government in general on the need to take a critical look at the effect of infant and maternal mortality on the economy of Nigeria using Asaba and its environs, Delta State as a case study. This study calls for the need of inculcating death control measures among infants/children through advanced improvement in medical and health care facilities to prevent infant and maternal mortality especially among pregnant women and delivery mothers.

The findings of this study will be of great important to the Nigeria youths, the Nigeria government, geographers, demographers, population analysts, and academicians to include many others. The findings will be of immense use to young female youths and women in general, for it builds reluctant skills, academic

knowledge and personal competencies required in the child birth control and health care delivery. Also it is of great importance to the Nigeria government, because of its positive effect on national development, through death control measures to enhance economic growth, and it will also provide pregnant women and nursing mothers with the necessary skill needed to control infant and maternal mortality, and finally it will equip the graduates with the awareness of the consequent effect of infant and maternal mortality on the economy and how it also affects the people in general.

1.7 STUDY AREA

The study area will be discussed under the following sub-topics;

1.7.1 Location and Position

The study area (Asaba and its environs) is located in the South-South Geo-political zone of Nigeria and Delta North Senatorial District, Delta State in the Niger Delta Region. The study area lies between the geographical coordinate of latitudes $06^{\circ} 25' 05''$ N and longitudes $06^{\circ} 30' 05''$ E of the Greenwich meridian. It is located in the South-South Geopolitical zone of Nigeria and in the Niger Delta Region. Asaba is one of the biggest cities in Delta State which developed into a metropolis. It is found in Oshimili South Local Government Area of Delta State. Neighboring towns around Asaba include; Okwe Community, Igbodo, Ogwashi-Uku, Anwai, Illah, Onicha-Olona, Onicha-Ugbo, Ubulu-Uku, and a host of others.

1.7.2 Size and Boundary

Asaba covers an area of 189km^2 (73mile^2). Geographically, Asaba is situated in the North-West region of Delta State and falls under the Delta-North Senatorial District. It shares common boundary with Onitsha and very close to the popular River Niger Bridge and Onitsha international market which have world class market facilities. Asaba is bordered in the North by Oshimili North Local Government Area, in the West by Aniocha South Local Government Area, in the East by Onitsha South Local Government Area of Anambra State and in the South by Ndokwa East Local Government Area of Delta State.

EFFECTS OF INFANT AND MATERNAL MORTALITY ON THE ECONOMY OF NIGERIA: A CASE STUDY OF ASABA AND ITS ENVIRONS, DELTA STATE.

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