Abstract

Nigeria has the world's second highest maternal mortality burden. The latest national demographic and health survey]˘c c@^ ,*˘¦^• æc 576]^¦ 100000. T@^]¦[¢å{æ| ¦^æ•[}• ~[¦ c@å• à˘¦å^} æ¦^: H^{[¦¦@æ*^, •^]•å•, [à•c¦˘&c^å |æà[¦ æ}å ˘}•æ-^ æà[¦cå[} ¦^|æc^å &[{]¦å&æcå[}•. Y˘c@å} c@^ |æ•c 16 ^˘æ¦• (&å¦&æ 2000), ¸åc@ c@^ å}c^¦ç^}cå[} [~ c@^ {å¦¦^}}å˘{ å^ç^¦[] {^}c *[æ¦• å}åcåæcåç^ æ}å æ ¦^c˘¦} [~ å^{[&¦æcå& *[ç^¦}{^}c c[N å*^¦åæ, æ }^¸ ¦^*å{^ [~ æåç[&æ&^ æ}å *[[å governance demand has brightened the spotlight on poor health indicators in general and maternal and child health in]æ¦cå&˘¦æ¦, å} c˘¦} {æ\å}* {æc^¦}æ| æ}å &@å¦å å••˘^•, @å*@ @^æ|c@]¦å¦¦åcå^•. P[¦åcå&æ| ¸å¦| @æ• æ¦å*}^å ¸åc@ ¦^•[˘¦&^• æ}å &[},*˘¦¦^å æ {[¦^¦[à˘•c¦^•][}•^c[c@^ {æc^¦}æ| {[¦åàåâåcˆ æ}å {[¦cæ¦åcˆ &¦å•å•. I{]¦[ç^{^}c• @æç^ à^^} }[c^å å} c@^ S[˘c@ [~ N å*^¦åæ, @[¸å^ç^¦ å} c@^ N[¦c@,]¦[*¦¦^•• å• •¦[¸å^¦ æ}å &@æ]*^ {[¦å bæå^å. T@^ •[&åæ| æ}å &˘¦c˘¦æ| c^¢c˘¦¦^ [~c@å• ¦^*å[}]¦æˆ• æ åå•cæ| ¦[¦^ å} c@^ •¦[¸]¦[*¦¦^•• }c^å. M[¦^ ¦^•^æ¦&@ }^^å• c[à^ ˘}å^¦cæ\^} c[à^cc^¦ ˘}å^¦•cæ}å c@^ ¦[¦^ [~][¸ ¸å^¦ *¦æåå^}c•, ¦^¦å*å¦ ˘• à^¦å^•~ æ}å &[}ååcå[}å}* , •[&åæ|]^¦&^]cå[}• æ}å ¦^••˘¦¦^, ^å˘&æcå[}æ| •cæc˘• æ}å c¦æç•*^*}^¦æcå[}æ| &˘¦c˘¦æ|]¦æ&å&å^•. T@å• •ˆ•c^^{ æcå& ¦^çåå^, ¸ ^¢æ{å}^• c@^ •cæc^ [~\}[¸¦^å*^å æ c@^ ^¢c^}c [~ *æ]•.

Keywords:

Introduction

Nigeria's population is 2% of the world's total population, but Nigeria carries 10% of the global maternal mortality burden [1]. In the last 16 years, a combination of Millennium Development Goal 5 and the return of democratic governance in Nigeria has focused a stronger spotlight on the crisis [2,3]. Nigeria did not meet MDG targets (reducing the incidence of maternal deaths by 75% by 2015) [4].   e proximal causes of morbidity/mortality in Nigeria are clinical factors viz: Hemorrhage, sepsis, obstructed labor and complications from unsafe abortions.   ese factors indicate a systemic weakness in the

Initial searches where done mostly on online databases. However, due to the strict time window with regards the inclusion criteria and the subsequent narrowing of the selection lter, a search for grey literature-mainly through the snowballing technique i.e., reviewing reference lists and perusing domain speci c journals was conducted separately. Furthermore, eld experts were contacted and conference notes are reviewed. A search owchart is included in Figure 1.

Criteria are listed here:

A.   **Incl ion cri eria**

1. Only original studies have been reviewed. And these studies are studies in which the central question was on maternal health in Nigeria primarily or similar settings in which the socio-demographic dynamic is similar.

2. Original studies undertaken not later than 2006. In order to have a review of presently relevant facts.

3. All studies in which a wholly qualitative or partially qualitative methodology was deployed.

B.   **E cl ion cri eria**

1. Studies conducted before 2006.

2. Reviews of studies conducted.

3. Studies not set in Nigeria or similar environments.

Re ie and anal i

Collated papers have been read individually, simultaneously sifting and filtering for key words and phrases. Phrases emerging repeatedly (across papers) have been used as central themes. Key words emerging across papers have been used as sub-themes. By so doing the papers has shown a delineation with which it is possible to identify two categories of factors i.e., health system related factors and non-health system related factors. These categories have been reviewed and are presented herewith. Presentation of both of these categories is done to determine the linkages between health systems centric issues and the broader non-systemic issues which are more social and demographic in nature. And gauge the interaction between these dynamics (Table 1).

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