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## Evaluation of the nutrition components of millennium development goals in Nigeria

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### ABSTRACT

*The development of countries in sub-Saharan Africa is highly dependent on the levels of achievement as far as Millennium Development Goals (MDGs) are concerned. Specifically, nearly all the MDGs are related to nutrition but some have more direct relationship than the others. The progress of MDGs in national development is succinctly measured using some nutritional indicators. The present nutritional indices in Nigeria, especially among the under-5s suggest that there is still much room for improvement in terms of reducing the prevalence of nutritional deficiencies. Other indicators of MDGs revealed a measure of improvement, especially in terms of primary school enrolment in the last 5 years but the trend is fast changing in the negative direction. It is therefore imperative to proffer workable practical solution to improve the situation, especially those that will impact positively on nutrition situation in the country. The need for all the tiers of government to consider nutrition as a developmental issue is fast becoming inevitable.*

**Keywords:** Millennium Development Goals, National development, Nutritional indicators, Nutritional deficiencies.

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### INTRODUCTION

#### Background to MDGs

In order to address the problem of poverty and promote sustainable development, the United Nations Millennium Declaration was adopted in September 2000 at the largest ever gathering of heads of States, committing countries both rich and poor to do all they can to eradicate poverty, promote human dignity and equality, and achieve peace, democracy and environmental stability.

#### Components of the Goals

The goals include those dedicated to eradicating poverty, achieving universal primary education, promoting gender equality and empowering women, reducing child mortality, improving maternal health, combating HIV/AIDS, malaria and other diseases, ensuring environmental sustainability and developing a global partnership for development.

While many countries have made significant progress towards the Goals, dozens are far off track from achieving them unless progress is accelerated dramatically [1]

MDGs become a veritable tool of development encompassing the following:

- Providing additional entry point to engage government on development issues.
- MDGs affect all segments of the society and serve as the link between government and the grassroots.
- They also provide the link between local and international actions towards human-centred development.

Critical analysis reveals that all the MDGs have nutrition link. However, there are some that relate more strongly with nutrition which can be termed as Nutrition-Related MDGs (NutR-MDGs). These include:

- Goal 1: Eradicate extreme poverty and hunger by half between 2000 and 2015.
- Goal 2: Achieve universal primary education.
- Goal 4: Reduce infant mortality.
- Goal 5: Improve maternal health.
- Goal 6: Combat HIV/AIDS, malaria, and other diseases.
- Goal 7: Ensure environmental sustainability.
- Goal 8: Develop a global partnership for development [2]

It should be noted that Goal 3, which deals with gender equality and women empowerment, also has link with nutrition. However, the relationship is strongly embedded under some cultural values among certain groups of people where there is gender disparity in terms of food intake. Culturally among this group of people, boys and men are usually favoured to eat more than girls and women, and since this practice is not a common phenomenon among other groups of people, it makes this goal not to be given a strong consideration under NutR-MDGs listed above for in-depth assessment.

There is need for assessment of progress report on the national performance in achieving the NutR-MDGs in terms of levels of achievement, challenges affecting progress and the way forward to make it better [3]. These are considered on individual merit.

#### **National Achievement on MDG Goal 1: Eradicate Extreme Poverty and Hunger**

High poverty level leads to poor nutritional status and subsequent high level of undernutrition

##### **The Current National Situation**

- People living in relative poverty declined from 65.6 in 1996 to 54.4% in 2004 but this has been on the increase again in the last 3 years.
- 35 out of 100 people live in extreme poverty and 30 out of 100 children are under-weight.
- Poverty incidence has been consistently higher in rural areas than urban areas while wide disparity occurs in poverty trend in the zones.

##### **Eradicate Extreme Poverty and Hunger MDG Goal 1: Suggested Solution**

Government policies at the three tiers should be focused on increased productivity in the agricultural sector. Investment in infrastructure, especially in rural areas, should be scaled up. This should be complemented with accountability and transparent governance.

#### **National Achievement on MDG Goal 2: Achieve Universal Primary Education**

Studies have shown that improved nutritional status contributes significantly to increased school attendance and level of attentiveness among school children.

##### **The Current National Situation**

- Performance on this goal was on course in 2005 but the current trend is slow.
- About 84 out of 100 school age children attend school and an increasing number remained there through to the 5th year.
- Net enrolment ratio in primary school education was 84.3% in 2005 as against 81.1% in 2004.

**MDG Goal 2: Suggested Solution**

The success in enrolment was bolstered by the implementation of the Universal Basic Education (UBE), improved policy environment and better intergovernmental coordination in the sector.

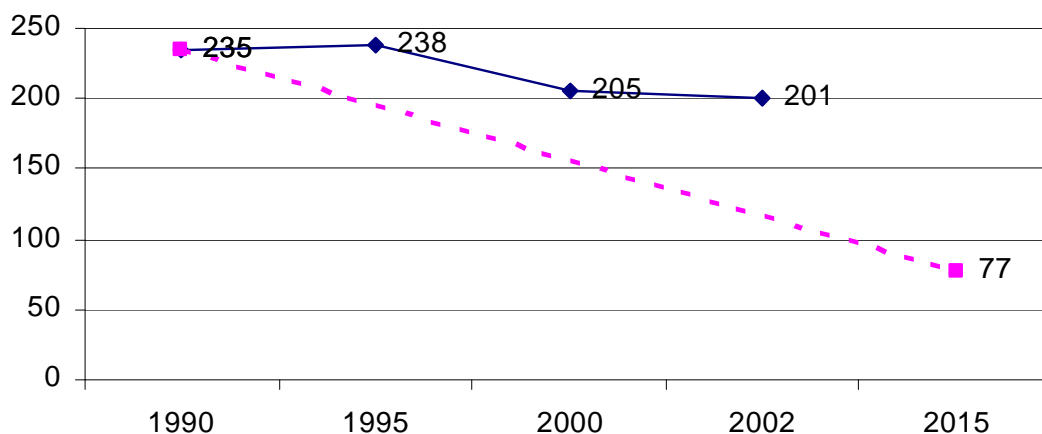
Concerted efforts are needed to reduce the cost of primary and junior secondary education, improve the quality of teaching and schooling, and sustain political commitment to the implementation of UBE and school feeding programme.

**National Achievement on MDG Goal 4: Reduce Child Mortality**

Malnutrition contributes about 55% to child mortality; hence improved child's nutritional status alone can reduce mortality by this magnitude.

**The Current Situation**

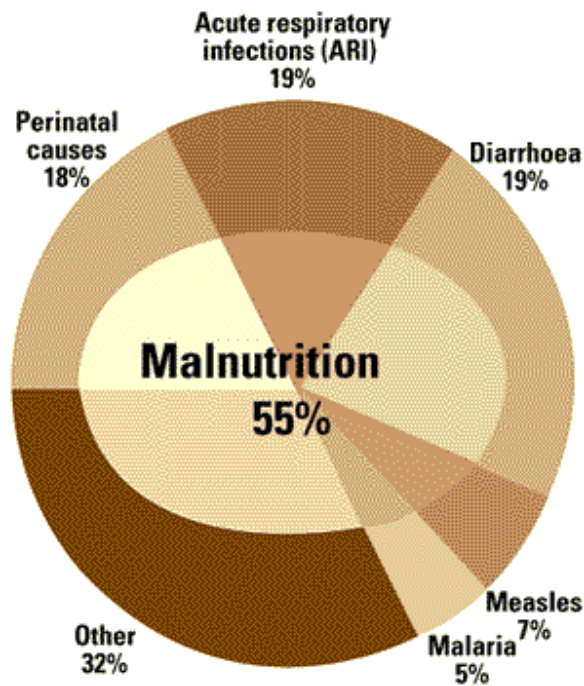
- Reduction of child mortality remains key challenge. As against the global target of 30/1000 live births in 2005, Nigeria had 110/1000 live births (LB) in 2005.
- Low maternal education, low coverage of immunization, weak primary health care system, high incidence of poverty and inequality and poor household practices accounted for high mortality rate.
- Under-five mortality rate (per 1000 live births) improved from 210 in 2003 to 197 in 2004 as against a target of 64 in 2015.
- Percentage of one-year-olds fully immunized against measles rose from 31.4 in 2003 to 50.0 in 2004.
- Yet wide disparities subsist between rural and urban centers and among geographical zones [4]

**Nigeria progress in achieving the MDGs goal 4: Reduce U-5 mortality****MDG No.4: Reduce by 2/3 the under five mortality****Contribution of Malnutrition morbidity and mortality**

- Even if a child is only mildly malnourished, the mortality risk is increased:

➤ In Nigeria, **mild and moderate malnutrition** contributes to more deaths (**35%**) than severe malnutrition (10%).

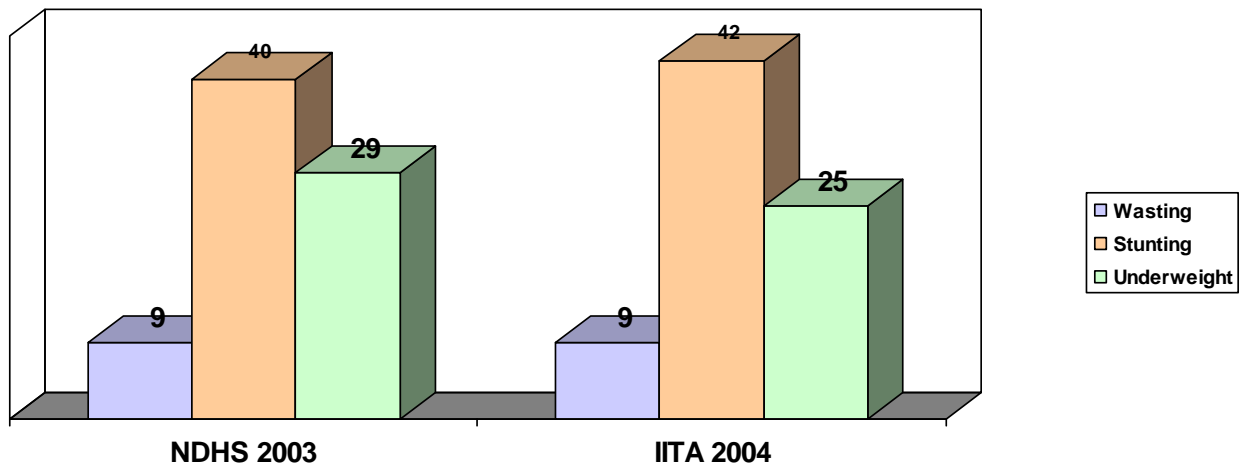
Source: [5] NDHS 1990, 1999, 2003, 2009. (National Demographic and Health Survey 2003, based on calculations by Pelletier et al., 1994)



Ref. [www.unicef.org/sowc98/silent.htm](http://www.unicef.org/sowc98/silent.htm)

**CHILD MALNUTRITION IN NIGERIA: SITUATION ANALYSIS**

Percentage National Prevalence of Moderate Malnutrition in U5 children



Source: [6] NDHS 2003: National Demographic and Health Survey 2003

[7] IITA 2004: Nigeria Food Consumption and Nutrition Survey (2001-2003)

**Micronutrient deficiencies**

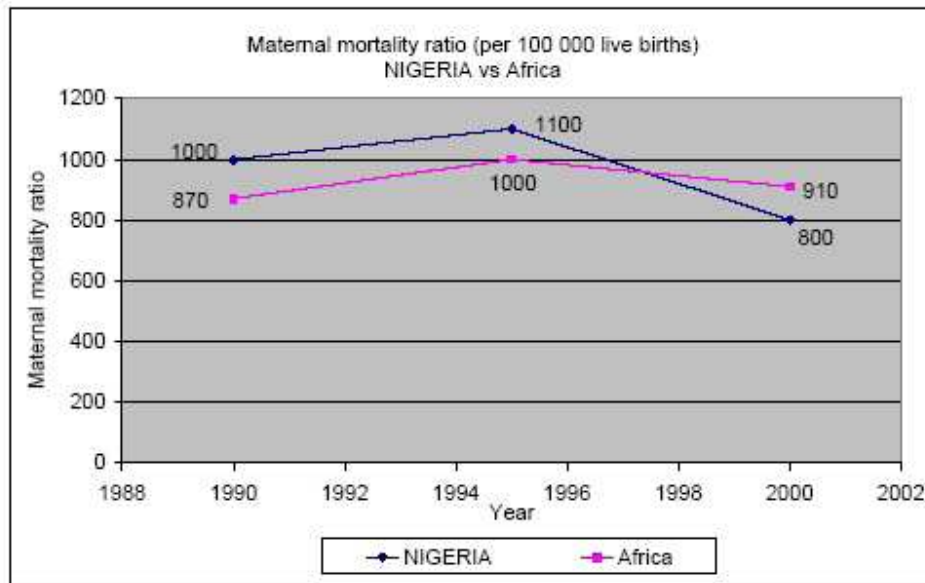
- Vitamin A deficiency = 29.5%
- Iron deficiency = 27.5%
- Zinc deficiency = 20.0%
- Iodine deficiency = 27.5% [6],[7].

**Reduce Child Mortality: MDG Goal 4: Suggested Solution**

There is need for improved co-ordination among the three tiers of government in the provision of healthcare services. Better decentralization of immunization management, strong advocacy on better household practices, especially in relation to infant feeding, access to drinking water and adequate sanitation are needed for success.

**National Achievement on MDG Goal 5: Improve Maternal Health**

Poor maternal nutritional status contributes to maternal death and high incidence of low birth weight. The maternal health issue in Nigeria is compared with the rest of Africa below.



Source:[8] Fact Sheet, 2005.

**The Current Situation**

- Maternal mortality also remains a daunting challenge to Nigeria.
- IDA prevalence among Nigerian mothers is 24.3%.
- Against a global target of less than 75/100,000 MMR in 2015, Nigeria had 800/100,000 MMR in 2004.
- Rural areas and the northern regions are worse than the national average.
- About 15% and 46% of rural and urban dwellers did not go for antenatal care while about 44% deliveries were attended to by skilled health care personnel.
- About 2 million women of reproductive age do not survive pregnancy or child birth [9].

**Improve Maternal Health MDG Goal 5: Suggested Solution**

These problems can be reduced by reducing cost of treatment, discourage obnoxious cultural and social practices, improve patronage of health infrastructures through service improvement, continuous and regular training of health workers, investment in health care system and strong collaboration with stakeholders.

**National Achievement on MDG Goal 6: Combat HIV-AIDS, Malaria and Other Diseases**

Infectious diseases affect nutritional status by increasing the metabolic rate and reducing the ability to work to generate income.

**The Current Situation**

- The HIV prevalence rate fell from 5.8% in 2001 through 2008 to 4.4%. Prevalence across the states, however, varied significantly.
- Although AIDS-orphans remain on the increase, the percentage of the people reporting the use of condom during sexual intercourse with non-regular partner increased.

- Malaria and TB still remain major public health problems. Malaria accounted for 60% of all outpatient attendance, 30% of all hospital admissions and 300,000 deaths annually.
- Blood transmission, unsafe injection and sexual practices are key drivers of HIV & AIDS while stigmatization and discrimination against people living with HIV & AIDS still remain rife [9].

**MDG Goal 6: Suggested Solution**

Poor sanitation and high cost of treatment accounted for prevalence of malaria while poor reporting network and weak public education are responsible for the spread of TB.

The foregoing factors, coupled with improved value for money in use of resources and scaling up of health spending require urgent attention.

**National Achievement on MDG Goal 7: Ensure Environmental Sustainability**

Environmental sanitation influences the quality of water and food consumed. Consumption of contaminated unwholesome food and water contributes to poor nutritional status

**The Current Situation**

- Nigeria's rich environmental resource base is being undermined by deforestation (3.5% per annum), erosion, desertification, gas flaring and oil pollution.
- Access to safe drinking water is improving (thanks for packaged water) but access to sanitation is still low while housing has reached a crisis point with only 31.0% having secured tenure [9].

**MDG Goal 7: Suggested Solution**

Environmental programmes need to be mainstreamed into development agenda of federal, state and local governments, while resources for environmental management should be increased appreciably. Strong collaboration among key stakeholders is also needed.

**National Achievement on MDG Goal 8: Develop a Global Partnership for Development**

Most national nutrition programmes depend on good partnership with donors mainly from developed countries. The partnership is tied to country's general development, stability and level of global credibility

**The Current Situation**

- Nigeria has enjoyed the benefits of progressive partnership with international community.
- The decision to exit the Paris Club creditors was finalized in 2005.
- Debt services as a percentage of exports of goods and services improved by dropping from 7.3% in 2004 to 3.4% in 2005, while foreign private investment also improved significantly [9].

Also, access of Nigeria's agricultural and semi-processed goods to industrial countries market remains weak.

**MDG Goal 8: Suggested Solution**

Improved macroeconomic management, promoting transparent and accountable governance and substance of structural reforms are central to improved partnership.

**Situation Analysis of Major Constraints to Achieving NutR-MDGs****High Infant/Child Mortality****Programme – Specific Problems:**

- Inadequacy of trained staff e.g., midwives and de-motivated Community Health Extension Workers.
- Poor knowledge on infant feeding practices.
- Access: inadequate availability of qualitative health care services.

**Systemic – Specific Problems:**

- Poverty: non-affordability of cost of services
- Low level of residual education of mothers as primary care givers.

- Unwholesome sale and poor knowledge of unwholesome baby foods, and expired drugs in rural communities and large peri-urban settlements.

### **Maternal Health**

#### **Programme – Specific Problems:**

1. Poor maternal nutritional status.
2. Non-affordability of antenatal care costs, delivery care costs and post-natal care cost.
3. Delays in deciding to go to health facilities.
4. Delays in being attended to by health personnel in the health facilities.
5. Delays due to supplies and delays in making necessary referrals.
6. Non-availability of Basic Essential Obstetric Care in most health facilities.

#### **Systemic - Specific Problems:**

- Doctors' and health workers refusal of rural postings.
- Nutrition is not considered as a strong component of safe motherhood concept.

### **Environmental Health**

#### **Programme – Specific Problems:**

1. Bed nets not widely accepted and used.
2. Focus of Roll-Back-Malaria (RBM) program has excluded vector control and environmental health.
3. Anti-Malaria drug resistance.
4. De-emphasizing the importance of nutrition in the management of these conditions.

#### **Systemic – Specific Problems:**

- Lack of effective leadership resulting in weak policy formulation and implementation.

### **The Current Nigeria MDG Plan**

- Presidential Initiative for Accelerating Achievement of Health Related MDGs in Nigeria.
- Phased Roll-Out in 14 States in the first instance
- Joint funding/implementation between Federal Government, States, Local Government Areas and Donors [9].

### **Target States for Piloting MDGs in Nigeria**

**Target 14 States selected for accelerated achievement of Millennium Development Goals, in the first instance.**

#### **Selection Criteria based on:**

1. Equal number of (States) geo-political representation.
2. Non-participation as EU, World-Bank HIV/AIDS MAP project States.
3. Poor Health indicators.
4. High potential for success/levers.

**South East:** Imo and Anambra

**South West:** Ogun and Ekiti

**South South:** Edo and Bayelsa

**North Central:** Niger and Kogi

**North West:** Katsina, Zamfara and Sokoto

**North East:** Bauchi, Taraba and Adamawa [9].

## **CONCLUSION**

No 'magic bullets' exist for achieving the MDGs as no single set of interventions will be sufficient to make the necessary progress towards all the goals. Mutually reinforcing investments need to be made across all sectors. For example, investments in education will not yield adequate results without investments in health and nutrition, which in turn require investments in clean water, with the consequent increase in educational enrolments and the links continue.

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