



## Synopsis: Study of the determinants of chronic malnutrition in northern Nigeria: Qualitative evidence from Kebbi and Bauchi states

Todd Benson, Mulubrhan Amare, Motunrayo Oyeyemi, and Olusegun Fadare

### RESEARCH OVERVIEW

Close to half of all under-fives in the Northeast and Northwest geopolitical zones were estimated to be stunted in their growth for their age in 2013, compared to 22 percent in the rest of Nigeria. To inform discussions on future programming to improve child nutrition, a rapid scoping study of the drivers of undernutrition in northern Nigeria was conducted. This report presents insights obtained from almost 70 key informants interviews and focus group discussions conducted in April and May 2017 in Kebbi and Bauchi states and in Abuja (Figure 1). The participants in these interviews and discussions included mothers and fathers of young children, community civic and religious leaders, local medical and public health officers, state-level officials from government and non-governmental organizations (NGO), experts on human nutrition, and national-level government and NGO officials. <sup>1</sup>

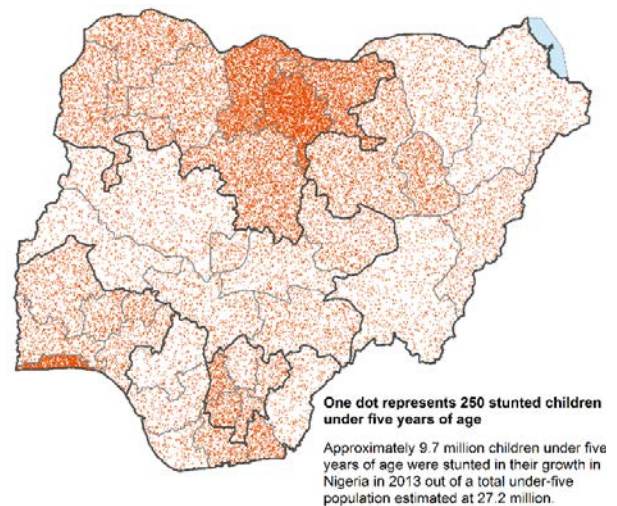
Although the qualitative fieldwork was done in Kebbi and Bauchi states, the terms of reference for the study specified it should be undertaken with

**Figure 1: Geopolitical zones and states of Nigeria, with Kebbi and Bauchi states highlighted**



Source: Authors.

**Figure 2: Dot map of the number of stunted children under five years of age in Nigeria in 2013**



Source: Analysis by authors of NDHS 2013 and NPC 2006.

reference to northern Nigeria broadly. Defining “northern Nigeria” was an initial step in conducting the study. Of all stunted under-fives in Nigeria, 49 percent were in the Northwest zone; 19 percent in the Northeast (Figure 2). These two zones constitute northern Nigeria for the study.

The under-five stunting estimates presented in Table 1 show prevalence rates in northern Nigeria that are more than twice those in the rest of the country. Trends between 2008 and 2013 indicate that northern Nigeria has not made any progress over this period. The lowering of stunting levels by almost 4 percentage points in the country over this period is solely due to progress in the rest of the country, where a 10-percentage point drop is estimated.

Significantly adverse levels in northern Nigeria are seen for well-child clinic participation, women’s literacy, and teenage pregnancy, among others. The particular gendered structure of communities

<sup>1</sup> A detailed discussion of this research can be found in NSSP Working Paper 44, *Study of the determinants of chronic malnutrition in northern Nigeria: Qualitative evidence from Kebbi and Bauchi states.* <http://ebrary.ifpri.org/cdm/ref/collection/p15738coll2/id/131440>

**Table 1. Nutrition indicators, northern Nigeria**

	Nigeria	Northwest and Northeast	Other zones of Nigeria
Stunting (HAZ<-2.0) in under-fives (NDHS 2013), % <sup>a</sup>	36.8	50.8	22.3
Change in stunting 2008 to 2013, percentage points <sup>a, b</sup>	-3.8	-0.5	-10.4
Wasting (WHZ<-2.0) 6 to 59 mo. (NNHS 2015), % <sup>c</sup>	7.2	9.9	5.2
Children 12 to 23 mo. up to date on immunizations, % <sup>a</sup>	25.3	11.1	41.3
Women's literacy, aged 15 to 49 yr., % <sup>a</sup>	53.1	26.6	75.0
Teenage pregnancy, women 15-19 yr. given live birth, % <sup>a</sup>	17.1	26.0	9.4

Sources: <sup>a</sup> NDHS 2013; <sup>b</sup> NDHS 2008; <sup>c</sup> NNHS 2015

and households in northern Nigeria is an important basic determinant of the poor nutritional outcomes seen there. Any actions to address child undernutrition in northern Nigeria should be done in a manner that takes explicit account of the significant adverse effects that the disempowerment and devaluation of women within these communities has on their own and their children's nutritional well-being.

## CONCLUSIONS

Drawing on the UNICEF conceptual framework of the determinants of child nutritional status, we drew the following insights from our interviews and discussions in northern Nigeria and Abuja.

- Food security – Sufficient food is available in northern Nigeria. However, due to poverty, many households are unable to reliably access the quantity and types of food they require.
- Water, sanitation, and access to public health services and health facilities – There is low use of public health and medical services provided in northern Nigeria. Clinics are often understaffed, and the dominance of male staff poses a cultural barrier to use by women.
- Nutritional caring practices – Poor care is the dominant underlying determinant of the high levels of child stunting in northern Nigeria.

However, given the limited education most mothers of young children have received and the many social constraints to their obtaining further information, ensuring that they have the knowledge to effectively provide proper nutritional care to their young children is a significant challenge.

- Gender – Poor nutritional care is an outcome, in part, of the relative social and economic disempowerment of women in carrying out their nutritional care roles and in obtaining information on proper care. Women do not have control over sufficient resources or have access to sufficient knowledge so that both they and their children can live reliably healthy and well-nourished lives.

The recommendations for future nutrition programs drawn from this study include:

- Strengthen flows of information and carry out social mobilization to promote use of optimal nutritional care practices. Such efforts will require a 'whole community' approach, rather than only targeting mothers, even though they are the principal care-givers of young children.
- Increase training in northern Nigeria on public health nutrition at all levels, from primary school through to post-graduate. Health personnel need a deeper understanding of what needs to be done to improve child and maternal nutrition in their communities.
- Conduct research on several important knowledge gaps related to nutrition in northern Nigeria, particularly around infant and young child feeding practices.
- Step up political mobilization efforts at state and LGA levels to address chronic undernutrition – particularly efforts focused on the allocation of increased resources, rather than on formulating policy positions alone.

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE | 1201 Eye Street, NW | Washington, DC 20005-3915 USA  
T: +1.202.862.5600 | F: +1.202.862.5606 | Email: ifpri@cgiar.org | www.ifpri.org

IFPRI-ABUJA | c/o International Fertilizer Development Center | No.6 Ogbagi Street | Off Oro-Ago Crescent, Garki II | Abuja, Nigeria | Email: ifpri-nigeria@cgiar.org | nssp.ifpri.org

The Nigeria Strategy Support Program (NSSP) is managed by the International Food Policy Research Institute (IFPRI) and is financially made possible by the generous support of the American people through the United States Agency for International Development (USAID) in connection with the Feed the Future Nigeria Agricultural Policy Project. The research presented here was conducted as part of the CGIAR Research Program on Policies, Institutions, and Markets (PIM), which is led by IFPRI. This publication has been prepared as an output of NSSP. It has not been independently peer reviewed. Any opinions expressed here belong to the author(s) and do not necessarily reflect those of IFPRI, USAID, PIM, or CGIAR.

Copyright © 2017. Remains with the author(s). All rights reserved.