Greater autonomy for women will improve child health and nutrition in Northern Nigeria

15 years
Average age girls get married

17 years
Average girls’ age at first pregnancy

30%
More mothers than fathers have no source of income

97%
Almost all mothers require their husband’s permission to go to the health facility alone

1 in 3 husbands make child health care decisions alone

Mothers with limited decision-making power and control over resources are less likely to access health and nutrition services

12% babies delivered with assistance of a health professional

14% of mothers received postnatal care

5% mothers attended last Maternal Neonatal and Child Health Weeks (MNCHW)

What is the impact on children? {and on the nation?}

High child morbidity and mortality

Poor cognitive development and low IQ

High malnutrition and stunted growth

Low earnings in adulthood

Higher health care costs

Lower GDP

What can we do about it?

Increase women’s autonomy: access to schooling, reproductive health services, income-earning opportunities

Delay first pregnancy

Involve women in nutrition policy and planning

Target messages at men: use of health and nutrition services translates into better life chances for their children

Survey data collected by ORIE in Jigawa, Katsina, Kebbi and Zamfara states in 2012 on mothers with children 0-3 years

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