PARENTAL PREPAREDNESS BEFORE CHILDBIRTH IN NIGERIA

Beyond Survival: The Case for Holistic Parenting Preparation as a National Priority

Policy Brief No. 1 — April 2026

Nigeria accounts for nearly 29% of all global maternal deaths, yet the child who survives birth into an unprepared family faces a slower, equally devastating crisis that national policy has barely begun to address.

This brief argues that survival is the floor, not the ceiling. It makes the case for holistic parenting preparation, across six evidence-based domains, as a national MNCH priority, identifies the populations most at risk, reviews what the evidence shows works, and sets out six policy options for government, donors, and implementing organisations.

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Nigeria has spent decades asking: Will this mother and baby survive? It is the right question, but it is not the only one. The child who survives birth into a family unprepared for parenthood faces a different kind of crisis, invisible, slower, and equally devastating. This brief argues that ***survival is the floor, not the ceiling****, and makes the case for holistic parenting preparation before childbirth as a national priority.*

THE SCALE OF THE PROBLEM

Nigeria accounts for nearly 29% of all global maternal deaths. Behind that number is a system in which most parents, especially first-time and adolescent parents, enter childbirth and early parenthood without adequate preparation of any kind.

1,047	1 in 19	~700	25%
maternal deaths per 100,000 livebirths (2020) WHO MMEIG	lifetime risk of maternal death for a Nigerian woman	babies die in Nigeria every day — 2nd highest globally	of pregnant women have zero ANC contact

The health picture is well documented. Less documented, and almost entirely unaddressed in Nigerian policy, is what happens to the children who survive: who raises them, with what knowledge, and with what preparation. A 2021 audit of antenatal care (ANC) nurses in Oyo State found that hygiene was taught by 98% of nurses during antenatal visits. Birth preparedness was covered by 31.8%. Breastfeeding by 28.2%. Emotional bonding, discipline, early stimulation, financial preparation, and parental mental health were not measured and not taught.

NIGERIA'S GAP IN ONE SENTENCE

Health knowledge protects life in the first hours. Parenting knowledge shapes every hour that follows. Nigeria is investing in one. Almost no one is talking about the other.

WHY THIS MOMENT MATTERS

Nigeria is at an inflection point. The 2023 Nigeria Demographic and Health Survey (NDHS) cycle is generating fresh sub-national data that will shape MNCH investment priorities for the next five years. The National Health Equity Fund and Basic Health Care Provision Fund are both under review in 2026, creating a rare window to expand the definition of "maternal and child health" beyond clinical survival. Simultaneously, current global aid volatility, particularly pressure on community health worker programme funding, makes a domestically-rooted, government-embedded approach to parenting preparation more urgent, not less. This brief is designed to inform that window of decision.

THE SIX PILLARS OF HOLISTIC PARENTING PREPARATION

Holistic parenting preparation means equipping parents, before birth, with knowledge across six domains that collectively determine child outcomes: health and newborn care, emotional bonding, guidance and discipline, early stimulation, financial readiness, and parental mental well-being. It is distinct from antenatal care, which focuses primarily on clinical survival outcomes for mother and baby. Holistic preparation begins where clinical survival ends, addressing the full reality of what it means to raise a child, not merely to deliver one safely.

Toivo's framework identifies six domains in which unpreparedness has measurable, evidenced consequences for Nigerian children and families.

1

Safe Birth and Healthy Newborn Care

Health preparation is the foundation. A parent cannot bond with a child they have never held, cannot stimulate a child who is malnourished. Health knowledge is the first chapter of parenting preparation, not a separate document.

Only 29% of Nigerian infants are exclusively breastfed; Nigeria ranks 1st globally in child deaths from suboptimal breastfeeding (Nwosu et al., 2025).

2

Emotional Bonding and Secure Attachment

Secure attachment, formed when a parent consistently responds to a child's needs, predicts academic achievement, emotional regulation, and mental health across a child's entire lifespan. Insecure attachment predicts aggression, anxiety, and delinquency.

Parental bonding significantly predicts psychological distress in Nigerian adolescents (Adegoke et al., Nigerian Journal of Behavioural Studies, 2024, n=141).

3

Discipline, Boundaries and Character Formation

Authoritative parenting, high warmth, clear expectations, and reasoning-based discipline produce children with better psychosocial wellbeing, academic performance, and moral reasoning. Many Nigerian parents default to punitive styles not by choice but because of a lack of knowledge about alternatives.

Authoritative parenting independently predicts psychosocial wellbeing in Nigerian adolescents (Akinnawo, Akpunne & Olajide, 2020; F=34.93, p=0.000; n=332).

4

Early Childhood Stimulation and Cognitive Development

The first three years represent the greatest period of brain plasticity. Parental interaction, talk, play, and responsive engagement shape neural architecture regardless of income. Parents who know this before birth can act on it regardless of resources.

70.31% of Nigerian children live in poverty; 2 million are chronically malnourished, directly impairing brain development (Ogwumike & Ozughalu, Child Abuse & Neglect, 2018; UNICEF, 2020).

5

Financial Preparation for Parenthood

Financial stress is directly linked to harsher parenting, reduced responsiveness, and lower early childhood investment. A family that has planned financially before birth is better positioned to provide for every stage of the child's development.

Insufficient finances were the 2nd most cited trigger of postpartum blues among Lagos mothers, reported by 30.4% of respondents (Adeyemo et al., African Health Sciences, 2020, n=250).

6

Parental Mental Health and Wellbeing

A parent cannot give what they do not have. Postpartum depression is highly prevalent in Nigeria, and profoundly under-recognised. Men are not exempt: paternal postpartum depression affects 8.8% of Nigerian fathers. Preparing both parents mentally before childbirth, and normalising help-seeking for men as well as women, is not a luxury. It is a prerequisite for every other pillar.

PPD affects 14.6–36.5% of Nigerian mothers; only 39.5% of affected women in Ibadan sought mental healthcare (Nwachukwu et al., Frontiers in Global Women's Health, 2022, n=390). Paternal PPD: 8.8% of Nigerian fathers (Adewuya et al., 2017, n=331).

A NOTE ON FATHERS

This brief analyses preparedness deficits that affect both parents. The evidence base is skewed toward mothers, a reflection of how Nigerian research has been designed, not of Toivo's framing. Where paternal data exists, it is reported. Policy recommendations deliberately include male engagement as a structural requirement, not a secondary add-on. Normalising fathers as active participants in birth preparation and early parenting is both an equity imperative and an evidence-based strategy for better child outcomes.

WHO IS MOST AFFECTED

Not all Nigerian families face equal preparedness deficits. Three populations carry a disproportionate burden, and targeting them is not merely a moral priority but a strategic one. The evidence on parenting interventions consistently shows that the greatest returns accrue when preparation reaches those with the least prior exposure to structured knowledge, the fewest alternative support structures, and the highest compounding risk. First-time parents, adolescent parents, and low-income and rural families each meet those criteria on distinct grounds. Reaching them requires different delivery mechanisms, different trust architectures, and different content emphases, but the underlying investment logic is the same: early, targeted preparation yields the highest return on child outcomes per unit of resource expended.

First-Time Parents	Adolescent Parents	Low-Income & Rural Families
No prior experience of pregnancy, birth, or newborn care. Least likely to access structured education. No national programme currently targets this group specifically.	Face incomplete education, unstable support structures, and social stigma that excludes them from mainstream ANC. Children face higher risks of poor attachment and developmental delay.	Strongest compounding of knowledge deficits and material deprivation. 70% of Nigerian children live in poverty. Home visiting shows the greatest impact precisely because it reaches this group.

WHAT THE EVIDENCE SHOWS WORKS

Nigeria-specific evidence on structured parenting preparation programmes remains limited, a gap this brief itself identifies as requiring urgent remedy through the proposed Holistic Parenting Preparedness Index. However, a robust body of evidence from low- and middle-income country (LMIC) settings with comparable structural conditions demonstrates what works. Nigeria shares the core structural features that make these models effective: a large community health workforce (CHEWs), high ANC contact rates in urban areas, and strong community and religious leadership structures through which behaviour change can be transmitted.

A note on programme failure modes: CHW-delivered home visiting programmes, the most promising modality for first-time and adolescent parents, have documented vulnerabilities in LMIC settings, including high worker attrition, insufficient supervision, and motivation challenges at scale. These are not reasons to avoid the model; they are design requirements. Any Nigerian pilot should build in retention incentives, structured supervisory cascades, and fidelity monitoring from inception.

Programme Model	Key Evidence	Outcome
Structured ANC education across all 8 contacts	*17 RCTs, n=7,260 (Wiley et al., Women & Birth, 2025)*	Improved birth outcomes; reduced birth anxiety in first-time mothers
CHW home visiting for first-time & adolescent parents	*25 LMIC RCTs (Gupta et al., Public Health, 2023)*	Significant NMR reduction; cost USD 15–116 per 100,000 population
Couples-focused community preparation groups	*UNICEF Systematic Review, 2014 — Nepal, Bangladesh, Malawi. [Most recent available review of this type; no superseding review identified as of 2025. Structural comparability to Nigeria on poverty rates, primary health system strain, and gender inequality supports transferability.]*	Up to 30% NMR reduction at >10% community coverage
Culturally co-designed community models	*Lancet Global Health RCT, Australia (Kildea et al., 2021)*	48% reduction in preterm birth; improved breastfeeding
Perinatal mental health screening + partner preparation	*Multiple Nigeria PPD studies — Lagos, Ibadan, Western Nigeria*	PPD affects 14–36% of Nigerian mothers; majority untreated; no national screening programme currently exists

THE COST CASE

CHW home visiting programmes in comparable LMIC settings cost between USD 15 and USD 116 per 100,000 population while delivering significant reductions in neonatal mortality. At the lower end of that range, a national programme covering Nigeria's 220 million population would cost approximately USD 33,000 annually, a fraction of what is routinely spent on downstream child welfare interventions. The case for upstream investment in parenting preparation is not only moral. It is among the most cost-effective options in the MNCH toolkit.

POLICY OPTIONS — A MENU FOR ACTION

Six evidence-based options are available to government, funders, and implementing organisations. They are not mutually exclusive. The most impactful response would pursue several simultaneously.

#	Policy Option	Lead Actor	Timeframe	Core Action
1	**Mandate holistic parenting curriculum across all 8 ANC contacts**	Federal Ministry of Health / NPHCDA	12–24 months	Develop and embed a 6-pillar pre-birth parenting curriculum in all ANC contacts, delivered by trained CHEWs nationally.
2	**CHEW-delivered home visiting for first-time & adolescent parents**	NPHCDA / NGOs / Donors	18–36 months to pilot	Structured prenatal home visits covering all 6 pillars. Pilot in 3 states with contrasting ANC coverage profiles.

3	**Couples-focused community parenting preparation groups**	NGOs / CBOs / Religious leaders	12–18 months	Expectant couples, both partners, meet weekly during pregnancy across all 6 pillars. Deliberate male inclusion facilitated through community and religious leaders.
4	**Integrate perinatal mental health screening into ANC**	FMOH / Mental Health Division	18–24 months	Edinburgh Scale screening, partner support education, and referral pathways embedded in ANC from first contact.
5*	**Develop a Holistic Parenting Preparedness Index (HPPI)**	FMOH / NPC / UNICEF / Academia	18–24 months	Commission Nigeria's first validated national measure of parenting readiness. See HPPI section below for full rationale.
6	**National Framework for Parenting Preparation in Secondary Education + social protection linkage**	FME / NERDC / FMWASD / State Govts	NSIP linkage: 12–18 months. Framework: 24–48 months (pilot states first)	Commission NERDC to develop a voluntary National Framework for Parenting Preparation, drawing on JSSC life skills structures. Link NSIP beneficiaries with children under 5 to structured parenting education modules.

THE HOLISTIC PARENTING PREPAREDNESS INDEX (HPPI): WHY MEASUREMENT MATTERS FIRST

Policy Option 5 — the development of a national Holistic Parenting Preparedness Index deserves separate attention because it is a precondition for the effectiveness of every other option on this list.

Nigeria currently has no standardised tool for measuring parental preparedness. This means programme impact cannot be tracked, gaps cannot be mapped sub-nationally, and resources cannot be allocated by need. Existing global instruments, including the Prenatal Self-Evaluation Questionnaire (PSEQ), the Birth Preparedness and Complication Readiness (BPCR) matrix, and the Parenting Sense of Competence – Revised (PSOC-R), require cultural adaptation for the Nigerian context before they can generate reliable data.

The HPPI would be co-developed with the National Population Commission (NPC), academic partners, and community representatives. The target instrument is a validated 20–30-item tool measuring readiness across all six pillars at the household level. Crucially, its integration into future NDHS cycles would create Nigeria's first longitudinal national dataset on family preparedness, enabling evidence-based policy iteration for decades and allowing sub-national targeting of the communities most in need of intervention.

PARENTING PREPARATION IN SECONDARY EDUCATION

Nigerian researchers at the National Open University of Nigeria have called for parenting education to be introduced into the secondary school curriculum so that future parents begin developing child management skills before parenthood arrives. Domestic evidence from Ofoha et al. (2019; n=300, effect sizes 0.62–0.84) supports its effectiveness.

Hong Kong's Education Bureau has demonstrated a viable entry point: rather than mandating a new subject, it developed a voluntary Curriculum Framework on Parent Education for secondary schools, referenced by schools and NGOs when designing their own programmes. Nigeria should pursue the same pathway, commissioning NERDC to

to develop a voluntary National Framework for Parenting Preparation, drawing on existing JSSC life skills structures, for piloting in willing states.

Simultaneously, the National Social Investment Programme (NSIP) offers a ready-made delivery channel for reaching the most vulnerable. Linking NSIP beneficiaries with children under 5 to structured parenting education modules, as a condition of continued support, connects existing social protection infrastructure to family preparedness outcomes beyond the health system.

RECOMMENDATIONS

Federal Ministry of Health & NPHCDA	• Recognise holistic parenting preparation as a formal MNCH policy priority • Mandate a 6-pillar pre-birth parenting curriculum across all 8 ANC contacts • Integrate Edinburgh Scale perinatal mental health screening into ANC • Update CHEW training to include parenting education across all 6 pillars • Commission a national Holistic Parenting Preparedness Index (HPPI)
Donors & Development Partners	• Fund Nigeria's first evaluated pre-birth parenting programme for first-time and adolescent parents • Support perinatal mental health integration and stigma reduction programmes • Finance couples-focused community groups with deliberate male engagement in Northern Nigeria • Protect CHW programme funding against current global aid volatility
NGOs & Implementing Partners	• Expand all MNCH programmes to include all 6 parenting preparation pillars • Incorporate perinatal mental health awareness and referral into community programmes • Evaluate and publish findings using validated tools (BPCR matrix, PSOC-R)
Community & Religious Leaders	• Champion parenting preparation as a community and family responsibility, not only women's • Normalise male involvement in birth preparation and early childcare • Destigmatise parental mental health within communities and faith settings
Federal Ministry of Education, NERDC & FMWASD	• Commission NERDC to develop a voluntary National Framework for Parenting Preparation in Secondary Education, drawing on existing JSSC life skills structures, for piloting in willing states • Direct the NSIP to link beneficiary households with children under 5 to structured parenting education modules as a condition of continued support • Reference and build on Ofoha et al. (2019) — Nigeria's own evidence base for community parenting education — in framework design

About Toivo Family and Community Initiative

Toivo Family and Community Initiative is a Nigerian nongovernmental organisation working nationally to ensure that every family, regardless of geography, income, or background, is prepared for the full reality of parenthood before their child arrives.

We believe health knowledge is essential but insufficient. The ability to parent well, to bond, guide, stimulate, plan, and stay mentally strong, is learnable. Every Nigerian parent deserves the opportunity to learn it before their child is born.

Toivo focuses on first-time parents, adolescent parents, and families in underserved communities. We are evidence-driven, community-rooted, committed to the whole child and the whole parent.

This is the first brief in Toivo's National Series on Family Preparedness and Early Childhood in Nigeria.

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For partnerships, programme collaboration, or to support our work, we welcome your correspondence.
Full evidence source guide available on request.

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