

Maternal Dietary Diversity in Conflict Settings: Access and Nutrition Challenges in Sokoto State, Nigeria

Executive Summary

Over 70% of pregnant and lactating women in Sokoto State consume fewer than five food groups daily, while less than 1% meet minimum dietary diversity.

Insecurity, displacement, and poverty are the strongest predictors of poor maternal nutrition outcomes.

Women resort to begging, child labour, and meal skipping due to restricted food access and limited livelihood options.

Humanitarian food aid is irregular and nutritionally inadequate, leaving women without sustainable safety nets.

Conflict-related maternal undernutrition is both a public health emergency and a social justice issue, requiring immediate nutrition interventions and long-term investment in food systems, women's empowerment, and resilient livelihoods.



Introduction

Food insecurity in Sokoto State is not merely a result of scarcity but a reflection of structural inequalities and conflict-driven disruptions. The intersection of insecurity, poverty, and gendered vulnerabilities has led to a situation where 71.9% of pregnant and lactating women report severe disruptions in food access, and 82.2% note a decline in dietary quality. Women in conflict zones face disproportionately high risks due to physiological demands, caregiving responsibilities, and restricted mobility.

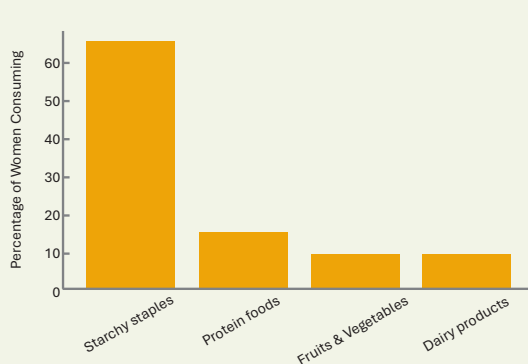


Figure 1: Maternal Dietary Diversity in Sokoto Conflict Areas

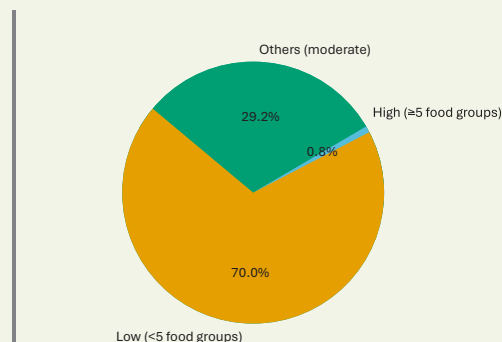


Figure 2: Maternal Dietary Diversity in Conflict Areas (Sokoto)

“There are times when I go the whole day without eating so that my children can share the little porridge we cook. Hunger has taught me how to survive in silence,” (FGD_IDP_MOT_SB_SK).

Food extends beyond the basic function of sustaining life; it constitutes a critical determinant of health, growth, and overall human wellbeing. Among women of reproductive age, particularly those who are pregnant or lactating, the adequacy and diversity of dietary intake play a pivotal role in shaping maternal health outcomes as well as the survival and developmental trajectories of their children. Women who consume a wide range of food groups, including cereals, fruits, vegetables, protein-rich sources, and dairy products, are more likely to meet the elevated nutritional requirements associated with pregnancy and lactation.

Maternal dietary diversity (MDD) is essential for ensuring adequate micronutrient intake during pregnancy and lactation, with implications for maternal health, child growth, and long-term development. In conflict-affected regions, food systems collapse, displacement disrupts access to markets, and insecurity limits women's ability to access diverse diets.

Sokoto State, Northwestern Nigeria, remains one of the regions most affected by conflict-induced.

In conflict settings, however, achieving a balanced and diverse diet becomes almost impossible. Armed violence destroys farmlands, displaces families, inflates food prices, and cuts off access to markets. For women in Sokoto State, Northwest Nigeria, these challenges are part of daily life. Many face hunger, limited access to health services, and the emotional stress of conflict, all of which reduce their ability to eat and feed their families well (see Fig 2).

The erosion of traditional coping mechanisms and social safety nets has pushed many women into adopting harmful strategies such as skipping meals, sending children into child labour, and engaging in unsafe income-generating activities. Maternal undernutrition in Sokoto is therefore not an isolated crisis but a manifestation of broader social, economic, and political failures.

Method Used

This study employed an explanatory sequential mixed-methods design, combining quantitative and qualitative approaches to assess maternal dietary diversity in conflict-affected areas of Sokoto State. Two LGAs Illela and Sabon-Birni were purposively selected due to their high exposure to conflict and displacement. A cross-sectional survey was administered to 768 pregnant and lactating women using structured questionnaires based on the Household Food Insecurity Access Scale (HFIAS). The survey captured food consumption patterns, income shocks, and coping strategies. The qualitative phase was complemented by 12 in- depth interviews (IDIs) and 6 focus group discussions (FGDs) conducted in Hausa. These qualitative methods captured women's lived experiences, including narratives of food sacrifice, maternal self-deprivation, and community support breakdowns. Data analysis involved SPSS (version 27) for statistical modelling and NVivo (version 15) for thematic analysis, allowing triangulation of insights and ensuring contextual validity of findings.

What We Found

- Maternal diets remain predominantly starch-based and nutritionally inadequate, heightening health risks for both mothers and their children. (see Fig 1)
- Food aid interventions are inconsistent and of limited nutritional value, often failing to address micronutrient deficiencies.(see Fig 3) Traditional social safety nets are weakening, leaving women increasingly isolated and without reliable community support.
- Conflict has intensified household vulnerabilities, compelling women to sacrifice their own nutritional needs such as skipping meals or resorting to negative coping mechanisms like child labor, while simultaneously eroding economic stability and community resilience.(see Fig 3)

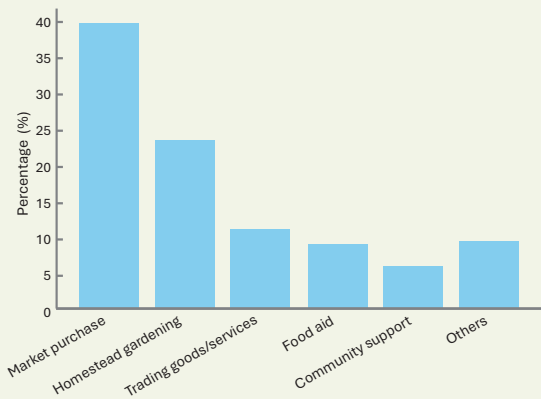


Figure 3: Coping Strategies Adopted by Women

Policy Implication and Recommendations

- Strengthen Food and Nutrition Systems to ensure food aid includes diverse, nutrient-rich items, promote home-based food production, and provide nutrition education to improve dietary resilience. (see Fig 4)
- Enhance Women's Agency and Livelihoods through cash transfers, vocational training, and gender-sensitive social protection, reducing reliance on harmful coping strategies.
- Secure Safe Market Access to improve security, food supply chains, and rural infrastructure to stabilize markets and food prices.
- Rebuild Community Support Systems revitalize communal food-sharing and cooperatives, and involve local leaders in strengthening solidarity and accountability.
- Integrate Health and Psychosocial Support counselling, to ensure continuity of healthcare services, and provide psychosocial and trauma support in conflict-affected areas.

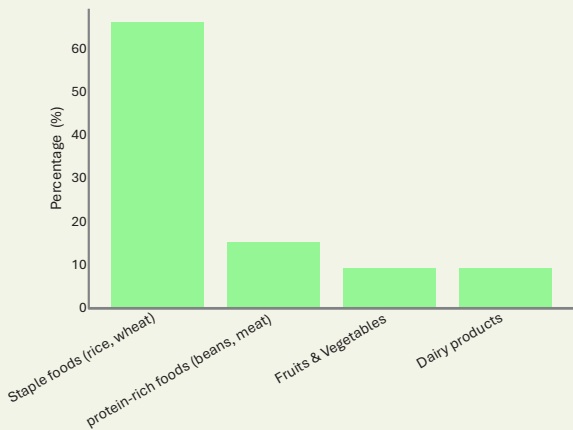


Figure 4: Food Prioritization Among Women in Conflict Areas

Conclusion

Maternal dietary diversity in Sokoto State is shaped by intersecting forces of conflict, poverty, and gender inequality. The consequences are grave: compromised maternal health, heightened maternal mortality, poor birth outcomes, and entrenched intergenerational poverty. This policy report emphasizes that addressing maternal nutrition requires systemic and transformative interventions that empower women, rebuild local food systems, and integrate health, security, and psychosocial support.

Investments in maternal dietary diversity are not only critical for public health but also for building resilient communities and achieving Nigeria's long-term development goals.

Reference

Yusuf, L., & Amzat, J. (2025). Maternal Dietary Diversity in Conflict Settings: Access and Availability Challenges in Sokoto State, Nigeria. Policy Brief from Unpublished MSc Dissertation Submitted to the Department of Sociology, Usmanu Danfodiyo University, Sokoto, Nigeria.

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