

CPED Policy Brief Series No 2

Reproductive Health CHALLENGES and POLICY ISSUES in Bauchi State

Key Stakeholders' workshop Recommendations

Organised by Centre for Population and Environmental
Development, CPED

Workshop was moderated by
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Preface

This policy brief is part of the on-going research and policy linkage of the *Centre for Population and Environmental Development (CPED)* on the research theme titled “Health including HIV/AIDS and Development in Nigeria” in the current Strategic Plan (2010-2014) of the Centre. This policy brief which is based on a stakeholders’ workshop on Reproductive Health Issues and Challenges in Bauchi State examines the contemporary challenges facing reproductive health in the state and policy issues and strategies to improve the prevailing situation. The policy brief is designed to inform policy makers and other stakeholders involved in activities to improve reproductive health in the state. The brief reflects the recommendations and views of the workshop participants and no attempt has been made to change these stakeholders’ views and recommendations.

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Reproductive Health Issues and Challenges in Bauchi State

1. The challenges of sexual and reproductive health in Bauchi State

The participants in the stakeholders' workshop identified the following key challenges facing reproductive health in Bauchi State

- Participants identified illiteracy as a big challenge to the promotion of sexual and reproductive health (SRH) because illiteracy prevents people from getting effective access to information and awareness campaigns on issues relating to reproductive health.
- The group also identified low uses of antenatal services as a big challenge. This, the participants argued, has prevented the non-users of antenatal services from getting basic information relating to reproductive health.
- Inadequacy of sexual and reproductive health services providers constitute yet another problem to SRH. Most SRH providers consider some areas of the state too remote to live in and so do not see why they should work in those areas. Thus a large number of people residents in such areas are prevented from having access to SRH services. Similarly, low capabilities of existing services providers are inimical to healthy development of SRH services.

- The participants agreed that funding of existing programmes have been limited. The paucity of funds has restricted the number of people who have access to the SRH services.
- The participants also identified culture and religions as obstacle to effective SRH services. This situation arises when sections of the population are prevented from taking part in SRH services because their religion or traditional institutions do not support it.
- Low level of infrastructural development was equally seen as obstacle to the provision of sexual and reproductive health services. The decay in such infrastructures such as road, hospital facilities, and electricity constitutes a real problem to the issue of access and utilisation of sexual reproductive health services. Bad roads delay patients in getting to their destinations of treatment and even in extreme situations prevent them from accessing such services. Similarly service providers such as nurses and other medical personnel shy away from being posted to remote and hard to reach areas preventing people in such location access to quality services.
- A general challenge to poor sexual reproductive health services and indeed a challenge to the entire society have to do with the poverty of the citizens. With limited purchasing powers, most citizens find it extremely difficult taking care of their feeding, shelter needs and having something left for medical

care. This prevents a large number of people from accessing and using a wide range of reproductive health services.

- Another challenge facing SRH services provision in Bauchi State is in the area of belief on myths which are actually false. A section of some communities still believed that the eating of egg will make children to steal and so such children are deprived a basic ingredient of the nutrient needed for their health growth.
- A critical challenge facing sexual and reproductive health services has to do with misplaced priorities by managers of health funds. Funds are channelled towards areas where they are not immediately needed. Related to this is the lack of will by the politicians to substantially allocate adequate funding to the health sectors.
- Another challenge of SRH is that of low level of research on sexual and reproductive health issues. Couple with this is the lack of the usage of the outcome of research done by experts or scholars of SRH issues.
- A challenge with SRH has to do with the docility of our civil society organisations who seem to be quiet in the face of government unwillingness to actually do anything about the worsening SRH situation in the State and across the country. Civil societies and

other groups of stakeholders have refused to draw government attention to the problem through advocacy.

- Lastly, the factor of corruption by different stakeholders of SRH services constitute almost a half of the challenges that SRH faces. Here government official often embezzle fund meant for SRH services leaving the practitioners with little or nothing to work with.

2. Perceived Solutions to Overcoming SRH challenges

The participants proffered solutions to the challenges of reproductive health services in Bauchi State as outlined below:

- Government should put the machinery in place to raise awareness on issues relating to SRH
- Government need to partner with NGOs to get reproductive health services closer to the people
- The design and implementation of SRH programme must carry along all stakeholders including the grassroots communities. Women must identify as “special beneficiaries” in the course of programme design and implementation.
- Sexual and Reproductive Health services providers will require further training to update their

knowledge of sexual and reproductive health matters.

- Government should subsidize SRH commodities
- Government should provide the needed funding for SRH through increase of budgetary allocation to SRH. Government should endeavour to make SRH services free to all women.
- NGOs and Media Houses should bring out SRH issues to the awareness of the public
- Reproductive Health information should be made available to all stakeholders including those in remote communities.
- NGOs as well as media practitioner including other stakeholders must embarked on serious sexual and reproductive health services advocacy to promote programmes on SRH and to draw the attention of government to the dwindling situation of reproductive health.
- Advocacy at the state as well as national assembly to make adequate legislation that will favour more funding for reproductive health service.

3. Justification for Governments' Focus on Sexual Reproduction Health

The following reasons were articulated by participants on why government need to focus attention on sexual and reproductive health:

- Nigeria Life Expectancy is very low and so the government need to focus on any issue that promote the health of the family.
- With ever increasing population and fertility rate in Nigeria, the government of Bauchi as well as other States will have to think of a way of bringing down the growth rate of population even though most Islamic Faith adherents see this as against their religion.
- Infant Mortality rate in Bauchi State is 87/1000. To reduce this rate, the state government will have to focus on safe motherhood.
- A mother is central to the general well-being of the family. A home without a healthy mother lacks a basic ingredient of home happiness. If mother brings joy to the home her well being becomes the concern of the society to replicate more happy families.
- With more attention on SRH, more women will be taken from the hand of death in the course of child-birth and this will enable the government to achieve

MDG 5 which has to do with reduction of maternal mortality.

- Nigeria is a signatory to the MDGs. The attention and focus on SRH is a way of fulfilling her international obligations and making her citizens better in the process.
- A huge incidence of teenage pregnancy, abortion and complications arising from such abortion as a product of lack of adequate sexual and reproductive health information to the youth. The focus on reproductive health will provide youth with the needed information which will be able to make informed decisions about their sexuality and other reproductive health matters.
- Sexual and Reproductive Health include information on early marriage, female genital mutilation and other traditional practices which have dealt badly against women and their aspirations in the society. Focusing on Sexual and Reproductive Health is one sure way of understand what is right about SRH and well -being of the society at large

4. Factors Influencing Maternal Health

Participants identified the following factors influencing maternal health in Bauchi State.

- Government inability to fully implement her policy dealing in maternal health
- Population growth of women and children and even men without commensurate growth in the number of functional PHC
- Government refusal to make SRH a priority and so provide little or no funding to SRH services
- Low availability of SRH technologies in most hospital
- The increase cases of HIV/AIDS have led to pressure on health funds thereby reducing the amount of funding for SRH services.
- Most of the community members lack basic information about SRH.
- Inadequate manpower in most of the SRH facilities
- Poor Research studies in infant mortality rate and maternal health
- Traditional belief: Adherence to harmful and obsolete traditional practices has worked against effective implementation of maternal health programme.

- Another factor influencing maternal health has to do with inadequate medical facilities and equipments for efficient delivery of maternal health services.
- Accessibility to health care centres posed a big challenge to maternal health services delivery since most women walk long distance to getting to the closest medical facility.
- Visionless leadership either as serving appointees or career civil servants
- Another factor which influences maternal health has to do with delay in services provision. Poverty prevents most community members from actually going to the health centres on time and this delay may lead to child death before getting to the health centres. Also, medical personnel at the health centre due to nonchalant behaviour have been responsible for death of mother and child during birth.

5. Improving Safe Motherhood in Bauchi State

Participants recommended that the situation of safe motherhood in Bauchi State will be improved if the following steps are taken.

- Education of traditional rulers on the importance of safe motherhood through SRH services
- Free SRH services to women

- Encouragement of women to use improve RH services
- Drawing the attention of government to issues of Safe Motherhood through uninterrupted advocacy on SRH issues will improve reproductive health situation in the Bauchi State.
- Building data bank on Safe Motherhood issues will enable advocates of reproductive health/Safe motherhood matters argue their cases convincingly and be able to get more stakeholders in dealing with reproductive situation.
- Enabling legislations should be put in place by government the state and national house of assemblies.
- Government should provide enabling policy framework on which issues relating to SRH would be dealt with. Providing such policy can lead to improved delivery of services such as the percentage of the state annual budget that is dedicated to SRH, on the job training for medical personnel working on maternal health matters and provide basis for SRH programme evaluation.
- Most men have always seen reproductive health issues especially safe motherhood as the affairs of women. The inclusion of men in the management of maternal health will bring greater commitment of

men to issues of safe motherhood and thereby promoting safe motherhood. However issues of women's rights have to be address.

- Government should build more facilities for safe motherhood and SRH services
- Another thing that will lead to improvement of safe motherhood is the abolishment of some cultural norms which prevent women from achieving their full potential. For example, women need to get out of female genital mutilation, early marriage and pregnancy as practice by some of our communities. Additionally, the preference of male by most men as well as infertility should not be blame on women rather should be seen as a collective challenge that couple need to tackle together with patience.
- Women should be empowered educationally as well as economically to be able to be more assertive in the scheme of things in the home. This will enhance their self esteem rather than an object for men's control.
- Renovation of existing SRH services outreaches.
- NGOs/CSOs should form coalitions to promote and advocate for SRH since this will bring better services of safe motherhood.
- The media houses should be involved in the campaigns for SRH

- Programmes which enable the poor to access maternal health at a minimum cost should be put in play since poverty is one reason why most women cannot get services on safe motherhood.
- Programme on safe motherhood should be monitor and evaluated periodically to assess their effectiveness so that the necessary adjustment that will bring improvement can be done from time to time.
- Corruption has worked against effective programme delivery of maternal health services since service providers as well as government agencies charged with the responsibilities of such services have been far from being transparent. There should be deliberate attempt to find out such corrupt officials with appropriate sanction given to them to serve as deterrent to others so that the right thing could be done to promote maternal health.

6. **Key Issues and question raised by participants during the workshop**

- The teaching of family planning is like working against the teaching of Allah (God) since it is believed to be against the plan of God for human fertility

- Early marriage is supported by Islamic religion. The message for advocacy should be against early birth.
- Higher birth rate are product of people belief that fewer children may leave them with no children in situation of epidemic
- Teaching young people about RH will bring confusion to their head
- Is ARV for cure of HIV/AIDS?
- How do we explain the concept of discordant couple in HIV?
- Programme should be done in the local language and involve all traditional rulers.
- If HIV/AIDS counselling and testing is significant in people knowing their status. Why is that government has refuse to make HCT compulsory
- One concern in dealing with Safe motherhood has to do with infertility of couples yet on the other hand we continue to hammer on the need to get couple to plan their family by reducing the number of children.

How can we reconcile these two positions in SRH programmes?

- Talking of advocacy in SRH programmes, in the area of abortion what should be the point of advocacy? Should we advocate supporting abortion or working against it?
- Marriages with infertility problems always see the problem as that of women. How do we get men to understand that they are also part of the problem and get involved in the process of finding solution to the challenge of infertility?
- The working environment of traditional birth attendants is so unhygienic. The government should set a standard for all practicing TBAs to follow a minimum standard of environmental cleanliness and effective monitoring agencies should be set up to monitor the activities of TBAs.
- Some men always refuse using condoms when their wives insist on their usage because of their promiscuous life styles. What can such women do to manage these kinds of situations?

- Poverty is a key factor where most girls engage in sexual activities. Government should put programme in place that make people more useful to themselves and engage in useful productive activities.
- An issues which the government has not be able to tackle is tracking quacks medicine sellers who posed all over the place as medical practitioners and their activities have brought sorrows to many families by wrong prescriptions of drugs which has make many women to lost their lives. What is government doing to get at these dubious fake medical personnel?
- Sexual Reproductive Health programmes will not make headways in the rural communities without the involvement of traditional rulers as well as traditional healers. The community leaders are the community gate keepers and weird a lot of influence and the community listen to them. Getting to the community must catch on their influence to get complete messages of SRH issues to their subjects. As for traditional healer, they need to be orientated to know their limitation and reform their method of doing things.
- The media houses should be involved in programme development and planning order than just picking them to be part of a project they know very little about. By involving them during programme planning will actually make them to offer their advice on the best way to go about doing advocacy.